

**VOUCHER FOR EXAM SUPERVISOR  
OF FORMAL EXAMINATIONS FOR THE STUDENT ADMINISTRATION UNIT  
SEMESTER YEAR \_\_\_\_\_**

PAYROLL NUMBER: \_\_\_\_\_ NAME: Mr/Mrs/Miss/Ms \_\_\_\_\_ Address: \_\_\_\_\_  
 Post Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SESS NO	DATE	START	FINISH	WEEKDAY HRS WORKED	EVENING HRS WORKED	SATURDAY HRS WORKED	P.S INITIALS
<b>TOTAL HOURS PER COLUMN *</b>				*	*	*	*

SUPERVISOR'S SIGNATURE \_\_\_\_\_  
 I certify that the supervision listed above has been checked with the supervisor's certificates, and payment may now be made in accordance with the details shown.

Authorised \_\_\_\_\_ Date \_\_\_\_\_  
 Director, Student Administration Examinations Officer

*FOR SALARIES BRANCH USE ONLY* *COST CENTRE: 0886s1245*

RATE CODE	HOURS	COSTING	RATE CODE	HOURS	COSTING
431 daytime			481 daytime		
432 evening			482 evening		
435 Saturday			485 Saturday		

Authorising Officer under section 41 \_\_\_\_\_

Actioned \_\_\_\_\_ Date \_\_\_\_\_