



CUMBERLAND REGIONAL HIGH SCHOOL


Class Coverage

To _____

Date _____ From Mr. R. Aiello, Principal

Cover For _____ In Room _____

Block _____ From _____ To _____

There were No available substitutes.
Please fill out the voucher below COMPLETELY.
DETACH BELOW & RETURN TO THE MAIN OFFICE ASAP 

Why Coverage Was Needed _____

REQUEST FOR PAYMENT FOR CLASS COVERAGE

Teacher You Covered _____

Date _____

Block _____ Amount \$55 \$27.50 \$35 (ASD)

Signature _____

Print Name _____

