

**TEXAS JUVENILE JUSTICE DEPARTMENT
FY 2012 JJAEP
(HALF DAY) SUMMER SCHOOL ATTENDANCE VOUCHER**

County Name: _____	Date of Submission: _____
Summer School Year JJAEP will Operate: From _____, 2012 to _____, 2012	
** Actual attendance days should only be counted during the 2012 summer school and shall not exceed the 35 summer school days allowed.	
Printed Name of Program Administrator: _____	
Signature of Program Administrator: _____	

Month Ending: _____

Number of Actual Regular Mandated Students** Attendance Days for the Month 0

Total of Actual Mandated Students X \$40.00 \$0.00

**** **Please attach a list of all students who attended summer school
(include student name and PID or SSN)**

A signed Payment Voucher must be submitted to the Department by the 10th of the following month for the period payment request.

Return this Report to:

**Texas Juvenile Justice Department
JJAEP Education Services
P. O. Box 12757, Austin, Texas 78711
Fax: 512-424-6300**

For Agency Use Only:
Amount Paid: _____
Voucher # : _____
Date: _____
By: _____