



(Full Day) Summer School Attendance Voucher

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Fiscal Year _____ - JJAEP

County Name: _____ Date of Submission: _____

Summer School Year JJAEP will Operate: From _____ to _____

**** Actual attendance days should only be counted during the [insert year] _____ summer school and may not be less than 15 days or more than 35 summer school days.**

Printed Name of Program Administrator: _____

Signature of Program Administrator: _____

Month Ending: _____

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

Total of Actual Mandated Students X \$86.00

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

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
Probation & Community Services – JJAEP
P. O. Box 12757, Austin, Texas 78711
Fax: (512) 490-7717
Marie.Welsch@tjjd.texas.gov

For Agency Use Only:

Amount Paid: _____

Voucher # : _____

Date: _____

By: _____