

REQUEST FOR PAYMENT

(ATHLETICS - EXTRA-CURRICULAR - BLUE CROSS REIMBURSEMENT - ETC.)

ITEM I:

NAME:

DATE:

ASSIGNMENT:

I have completed the above named activity assigned to me for the _____ school year.

EMPLOYEE
SIGNATURE:

~~SOCIAL SECURITY #~~

ITEM II:

The above named employee has completed all duties involved with the above named assignment:

SUPERVISOR'S
SIGNATURE:

DATE:

ITEM III:

The above named employee has returned all keys to the head custodian:

CUSTODIAN
SIGNATURE:

DATE:

ITEM IV:

CONTRACT AMOUNT:

INSTRUCTIONS:

This form must be completed to facilitate the processing of all payments for extra-curricular assignments. Item I must be completed by the employee requesting payment. Items II and III must be completed by the appropriate supervisors.