

# 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.*