

GREATER NANTICOKE AREA SCHOOL DISTRICT REQUEST FOR PAYMENT

(ATHLETICS – EXTRA-CURRICULAR)

ITEM I

NAME: _____

DATE: _____

ASSIGNMENT: _____

I HAVE COMPLETED THE ABOVE NORMAL ACTIVITY ASSIGNED TO ME FOR THE _____ SCHOOL YEAR.

EMPLOYEE SIGNATURE: _____

ITEM II

THE ABOVE NAMED EMPLOYEE HAS COMPLETED ALL DUTIES INVOLVED WITH THE ABOVE NAMED ASSIGNMENT.

ATHLETIC DIRECTOR SIGNATURE: _____

DATE: _____

NUMBER OF STUDENTS ON INITIAL ROSTER: _____

ITEM III

CONTRACT AMOUNT: _____

INSTRUCTIONS:

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