

PAYROLL BILLING FORMS

BILL FORMS MUST BE RECEIVED BY THE PAYROLL DEPARTMENT NO LATER THAN THE *FIRST DAY OF THE MONTH* IN WHICH PAYMENT IS TO BE MADE.

ACCOUNT # \_\_\_\_\_

Name & School of Person Rendering Service: \_\_\_\_\_

Dates & Description of Services: *(Show calculation where applicable)*

Amount of Payment \_\_\_\_\_

I hereby certify that I have rendered the services stated herein, and that the amount of payment is justly due and payable to me.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Person Rendering Service

PAYMENT AUTHORIZATION: (All sections below must be completed by the Administrator in Charge Before payment can be made)

Please check: Single Full Payment -  Partial Payment -

A. General Authorization: (Payment is made in accordance with approved salary rate schedule)  
Please check: Part Time Work -  Substitute -  Overtime -

B. Special Authorization: (Payment is made in accordance with specific BOARD APPROVAL)  
Please check: Athletics -  Clubs -  Workshop -  Other -

Please complete: BOARD MEETING DATE: \_\_\_\_\_ (MANDATORY)

AMOUNT OF BOARD AUTHORIZATION:

I hereby certify that the amount authorized for payment is justly due and owed for services rendered as indicated and payment is approved.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Administrator in Charge

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Asst. Supt. of C & I (REQUIRED B PAYMENT)

NOTE: *If any of the information necessary to process this payment is omitted, this bill form will be returned and payment may be delayed.*