FITNESS CENTER PAYROLL CLAIM FORM

MORAVIA CENTRAL SCHOOL DISTRICT

PO BOX 1189, MORAVIA, NEW YORK 13118

Claimant (Employees Only)

I

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Directions: Please print legibly or type. Complete all items in this section. Provide information for each DAY and EVENT you worked. Round hours to the nearest quarter hour. Employee claimants, please note that this form is NOT an expense (AP) claim form. Non-employee claimants, do NOT use this claim form. Use additional sheets as necessary. An incomplete or illegible form, or a form without necessary support documentation will not be approved or processed. Make a copy of everything you submit. Before submitting, put this sheet on top and staple all supporting documentation below it. Sign and date. Give your form to the supervisor that authorized the work or expense to sign and date.

ddress		Work Site		
Description	of Work Performed	Telephone From (e.g. 4:00 PM)	To (e.g., 8:15 PM)	Hours (e.g., 4.25)
HOURS	X RATE OF PAY\$13	3.20 / hour ⁼	• TOTAL	
Signature*		Date		
is verification that the	he supporting documentation is su	fficient and correct. It is a	lso verification tha	t you authorized the
t Code / Name A.2855.160.FC / Supervision				
r Name Printed	Todd Mulvaney			
or Signature*		Da	te	
g Agent /e rise to this claim	as the District Purchasing Agent.			
ng Agent Signatu				
	Description of the second seco	Description of Work Performed Description of Work Performed HOURS NOURS X RATE OF PAY \$13 Signature* Ing Supervisor s. Please print legibly or type. Complete all items s verification that the supporting documentation is supense the Claimant is claiming to be reimbursed for. ode / Name A.2855.160.FC / Superv r Name Printed Todd Mulvaney	Idress Email Telephone From Description of Work Performed (e.g. 4:00 PM) Idress Idress Description of Work Performed Idress Idress Idress Description of Work Performed Idress Idress Idress Promote Idress Idress Idress Idres Idres <	Idress Email To To Description of Work Performed (e.g. 4:00 PM) (e.g., 8:15 PM) (g.g., 8:15 PM) (e.g., 8:16 PM) (e.g., 8:16 PM) (g.g., 8:16 PM) (g.g

*Signature certifies that the materials and/or services have been delivered and/or performed for the District; that the said claim is just, due and unpaid; that there are no offsets against the same; that the items and specifications are correct; and that the sums charged are reasonable and just.

