MOUNT SINAI UNION FREE SCHOOL DISTRICT **MOUNT SINAI, NEW YORK 11766**

DISTRICT OFFICE

Request for Payment of Services Rendered (Extracurricular Activities, Chaperoning, Timekeeping, Scorekeeping, Trips, Covered Classes)

Must be submitted by the First Working day of the Month

	Month:									
Name					Addre	ess				
Town,	State				SS#					
Please write in the <u>Date</u> , <u>Day of Week</u> , <u>Beginning and Ending Times</u> , <u>and Specific Activity</u> (i.e., Monday / 2:00-4:30 / detention).										
Date	Day of Week	From-To		Activity	Date	Day of Week	From-To	Acti	vity	
		+				<u> </u>				
Date Received in Building: Signature Date										
EEEEEEEEEEEEEEEEEEEEEEEEE										
Routing for Authorization to Pay:										
Building Administrator's Signature Date:					Distri	District Office Administrator's Signature Date:				
Business Office – Rate of Pay Payroll Date:					. —	Budget Code Total A				