

MT. SINAI SCHOOL DISTRICT  
NORTH COUNTRY ROAD  
P.O. BOX 397  
MT. SINAI, NEW YORK 11766

**Request for Payment of Services:**  
Interscholastics, Intramurals, Clubs, Curriculum Writing

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

<b>This payment request is for:</b>	
a:	_____ Name of Activity
b:	_____ Full payment or _____ 1/2 payment
c:	_____ Date activity began:
d:	_____ Date activity ends: _____ Date Half Complete
e:	_____ Approved Number of Hours (If your assignment is based on an approved number of hours, a log must be submitted to your building principal)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<b>Routing:</b>			
_____ Principal's Signature	_____ Date	_____ Approved	_____ Disapproved
_____ Superintendent's Signature	_____ Date	_____ Approved	_____ Disapproved
Business Office: _____	_____ Rate of Pay	_____ Payroll Date	_____ Budget Code
			_____ Amount