

Pawling Central School District

Payroll Claim Form

2018-2019

Payroll #

NAME: _____ BUILDING: _____
 (Please Print)

HOMEADDRESS: _____

This color-coded gray form must be submitted within thirty (30) business days from date of service.

DO NOT REPLICATE

Date of Service	Description of Claim and Purpose	Starting Clock Hour of Service Performed (to a 1/4 hr)	Ending Clock Hour of Service Performed (to a 1/4 hr)	Total Number of Hours	Hourly Rate	Total
TOTALS:						

Claimant must sign this certificate: This is to certify that the materials and/or services charged and included in the above claim, have been actually performed for, furnished and/or delivered to the above-named BOARD OF EDUCATION; that the charges, therefore, are true and just and that no payments have been made therefore except as included therein.

Signature of Claimant

Date

District Administrator/Director

Date

Budget Code

Assistant Superintendent for Finance

Date