

PAYROLL CLAIM

TO: Board of Education
ATTN: Payroll
Washingtonville Central School District
52 West Main Street
Washingtonville, New York 10992

DATE:_____

FROM: _____

ADDRESS: _____

DATE WORKED	TIME WORKED (Day, part of day or number of hours)	DESCRIPTION (Substitute, Tutor, Overtime, etc.)	NAME OF PERSON SUBBED FOR	AMOUNT
TOTAL				

CLAIMANT MUST SIGN THIS CERTIFICATE:

Signature of Claimant

Title

Date _____

APPROVAL OF SCHOOL OFFICIAL ORIGINATING CLAIM: I hereby certify that this claim has been rendered in accordance with the contract, agreement, or estimate, and that the work has been completed and/or the materials delivered satisfactorily.

Signature of Originating Official

Title

Date _____

Assistant Superintendent for Business

Date _____