

Washingtonville Central School District
TUTORING PAYROLL CLAIM FORM TUTOR
(nonemployee**) 2019-20**

To: Washingtonville Central School District
 Attn: PAYROLL
 52 West Main Street
 Washingtonville, NY 10992

Employee Name: _____ Date: _____
 Address: _____

 Student's Initials and ID#: _____
 Student's School: HS MS LB RH TF

Date	Actual Time/Hours (0:00 to 0:00)	Unit (number of hrs)	Amount
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		Hrs ____ x \$53.00/HR	
		TOTAL HRS :	\$

CLAIMANT MUST SIGN THIS CERTIFICATE:

 Signature of Claimant Title Date

 Signature of Originating Official Title Date

 Signature of Asst Supt for Business Title Date

TUTORING MILEAGE CLAIM FORM

To: Washingtonville Central School District
ATTN: Accounts Payable- EXT 27038
52 West Main Street
Washingtonville, NY 10992

Claimant: _____ **Date:** _____

Address: _____

NOTE: A "MAPQUEST" PRINT-OUT IS REQUIRED SHOWING *SHORTEST* DISTANCE FROM STUDENT'S HOME SCHOOL TO STUDENT'S RESIDENCE. (DETAILED LISTING SHOWING ADDRESS AND TURN BY TURN DIRECTIONS FROM STARTING POINT TO ENDING POINT). PLEASE PRINT CLEARLY. FORMS WILL BE RETURNED IF INFORMATION IS MISSING OR INCORRECT.

Student's Name: _____ **Student's Address:** _____

Student's School: HS MS LB RH TF _____

Dates of Tutoring: (Please list each date) _____ _____
Number of trips: _____
Miles per Round trip: (school/home/school) *please specify if this is one way only* _____
of Trips _____ X Miles per Round Trip _____ X _____ Per mile = \$ _____

Claimant MUST sign this form:

Signature of Claimant Title Date

Signature of Originating Official Title Date

Signature of Asst Supt. for Business Date