

Washingtonville Central School District
TUTORING PAYROLL CLAIM FORM TUTOR
(employee**) 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 _____

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

Claimant MUST sign this form:

Signature of Claimant Title Date

Signature of Originating Official Title Date

Signature of Asst Supt. for Business Date