

Bath County Board of Education  
 405 West Main Street  
 Owingsville, KY 40360  
 Phone: 606-674-6314  
 Fax: 606-674-2647

REQUEST FOR PAYMENT ON PAYROLL

Name: \_\_\_\_\_ MUNIS ID NO. : \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Account No. : \_\_\_\_\_

Date Worked	Description	Hours/Days Worked	Hourly/Daily Rate	Amount Due
<b>TOTAL DUE</b>				

I hereby certify that the above is a correct statement of amount due from the above named individual for services rendered as itemized.

Employee  
 Signature: \_\_\_\_\_  
 Principal/Project  
 Director  
 Approval: \_\_\_\_\_  
 Superintendent  
 Approval: \_\_\_\_\_

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_