

PAYROLL CLAIM
MT. VERNON COMMUNITY SCHOOL CORPORATION

Pay To: _____

Address: _____

City/State/Zip: _____

DATE	UNITS	DESCRIBE REASON FOR COMPENSATION	AMOUNT PER UNIT	TOTAL AMOUNT
TOTAL				

I hereby certify that the above salary is justly owing me; that I have performed the service for which salary is attached and appropriated, and that no part thereof has been or is to be, directly or indirectly divided with or paid to any other person on account of or by reason of such employment.

DATE: _____

EMPLOYEE: _____

DATE: _____

SUPERVISOR: _____

SPECIAL INSTRUCTIONS TO BUSINESS OFFICE: _____

ACCOUNT NUMBER

_____ - _____ . _____ - _____ . _____ - _____