

**GAME WORKER  
PAYROLL CLAIM FORM  
STUDENT**

Kalispell Public Schools  
233 1st Ave E  
Kalispell, MT 59901

Claimant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Rate Of Pay**

**Student Game Worker - \$9.20 Per Hour**

Event	Position	School	Grade	Date	Hours	Rate	Amount	
<i>Example: Volleyball</i>	<i>Line Judge</i>	<i>KMS</i>	<i>7TH &amp; 8TH</i>	<i>10/1/2020</i>	<i>2.5</i>	<i>SAMPLE</i>	<i>SAMPLE</i>	
<b>TOTAL</b>								

*I certify that this claim is correct and just in all respects and that payment has not been received.*

**Office Use Only**

Budget Unit	_____
Total Approved Amount	_____
Approved	_____