

**PRIDE  
CLASSIFIED STAFF  
PAYROLL CLAIM FORM**  
KALISPELL PUBLIC SCHOOLS  
233 1st Avenue East  
Kalispell, MT 59901

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

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

Printed \_\_\_\_\_

School \_\_\_\_\_

Approved \_\_\_\_\_  
Principal Date

Approved \_\_\_\_\_  
Assistant Superintendent Date

Summer School	Hourly Rate	Date	Hours	Amount	Budget Code Entry	
					101 XX 160 1115 5019 112	Elementary School
<b>TOTAL</b>						

*The Tab key will move through each field for data input, and will calculate the total for each row and the final total. If hours are changed be sure to tab after the change to get updated calculation.*