SUMMER SCHOOL
CLASSIFIED
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	
	$15.00			$ 0.00	101 XX 160 1115 5019 112	Elementary School
					201 XX 160 1115 5019 112	High School
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
	$15.00			$ 0.00		
			TOTAL	$ 0.00		

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.