CERTIFICATED EXTRA DUTY PAYMENT REQUEST FORM

Date:_____

To: Certificated Human Resources
Santa Paula Unified School District
201 S. Steckel Drive
Santa Paula, CA 93060

From:_____(Activity Sponsor)

For services rendered in conducting the following extracurricular activity:

_____

The above services were rendered during the_____School Year.

Total Amount Due:_____

The duties and responsibilities for the above services were performed and completed.

Sponsor_____Date_____
Signature

Principal_____Date_____
Signature

Superintendent_____Date_____
Designee Signature

Send check to: _____
(Name)

_____
(Address)

_____
(City, State, Zip Code)