

**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 - \$10.30 Per Hour

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

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	_____