

# INSERVICE PROVIDER PAYROLL CLAIM FORM

KALISPELL PUBLIC SCHOOLS  
233 1st Ave E  
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 Name \_\_\_\_\_

School \_\_\_\_\_

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

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

**Section 8.4 of KEA agreement:**

'Those staff teaching approved district in-service as directed by the District shall be paid at the BA+45, step 4 hourly rate for instruction time.'

Inservice Provider	Hourly Rate	Date	Hours	Amount	Budget Code Entry
<b>TOTAL</b>					Available Codes For Use
					115-XX-430-2213-5019 120

*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.*