Authorization to Pay After School Detention

To: Assistant Treasurer
Bellefontaine City Schools

The following staff member has completed the After School Detention duties as stipulated below and this memo will serve as an authorization to make payment for the performance of these duties.

Staff Member Name: _____

Social Security #: _____

Duty Performed: _____

Hours: _____

Date: _____

_____
Staff Signature Date

_____
Building Administration Date