

EDGEMONT UNION FREE SCHOOL DISTRICT  
**CHAPERONE PAYMENT FORM**

<b>ROUTING SEQUENCE</b> <input type="checkbox"/> Accordion Folder in EHS Faculty Lounge <input type="checkbox"/> EHS Principal <input type="checkbox"/> Superintendent <input type="checkbox"/> Asst. Sup. Business <input type="checkbox"/> Payroll Clerk
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PAYEE: \_\_\_\_\_ BUILDING: \_\_\_\_\_

CHAPERONE PAYMENT CATEGORY			
<input type="checkbox"/> Event Up to 3 Hours (\$143/event)		<input type="checkbox"/> Event in Excess of 3 Hours (\$172/event)	
EVENT DESCRIPTION			
EVENT DATE		EVENT HOURS	
PAYMENT REQUEST			

PAYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Submit this request to the accordion file folder in the faculty lounge at EHS.**

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APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Building Principal

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Superintendent

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Assistant Superintendent for Administration & Business

FOR BUSINESS OFFICE USE ONLY	
Board Approval Required: <input type="checkbox"/> No <input type="checkbox"/> Yes; Date of BOE Approval: _____	Budget Code: _____ Entered By: _____