



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Business Office

240 North Crockett Street • San Benito, TX 78586 • Phone:(956)361-6100 • Fax:(956)361-6166

ACTIVITY/ GRANT: _____

DESCRIPTION OF ACTIVITY: _____

CAMPUS/DEPARTMENT: _____

DATE	EMPLOYEE: LAST, FIRST	EID #	BUDGETARY CODE	HOURS	RATE	TOTAL
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00
						\$ 0.00

GRAND TOTAL: \$ 0.00

ALL INFORMATION MUST BE CORRECT WITH PROPER BACK UP AND SIGNED BY PRINCIPAL OR DIRECTOR BEFORE SUBMITTING TO PAYROLL FOR PAYMENT.

PRINCIPAL/DIRECTOR _____ FEDERAL PROGRAMS DIRECTOR _____

ASST. SUPERINTENDENT OF ACADEMICS _____ OR EXECUTIVE DIRECTOR OF ADMIN. SERVICES _____

ACCOUNTING DIRECTOR _____