PAYROLL CLAIM FORM

PORT BYRON CENTRAL SCHOOL DISTRICT

30 Maple Ave., Port Byron, NY 13140, (315) 776-5728

Claimant (Employees Only)

Directions. Please print legibly or type. Complete all items in this section. Provide information for each DAY and EVENT you worked. Round hours to the nearest quarter hour. Employee claimants, please note that this form is NOT an expense (AP) claim form. Non-employee claimants, do NOT use this claim form. Use additional sheets as necessary. An incomplete or illegible form, or a form without necessary support documentation will not be approved or processed. Make a copy of everything you submit. Before submitting, put this sheet on top and staple all supporting documention below it. Sign and date. Give your form to the supervisor that authorized the work or expense to sign and date.

Full Name Mailing Address		Work Site Email Telephone			
Date	Description of Work Performed	From (e.g. 4:00 PM)	To (e.g., 8:15 PM)	Total Hours (e.g., 4.25)	
		Total Hours			
Claimant Signatu		Date			
Authorizing Sup- Directions. Ple verification that	ervisor ease print legibly or type. Complete all items in this section the supporting documentation is sufficient and correct. It is eimbursed for. Send this form to the District Purchasing Ag	The proper account s also verification that	code must be given.	Your signature is	
Full Name			_		
Budget Code			_		
Supervisor Signature*			Date		
Central Business	s Office er Source for Labor Rate urs	**********	-	*********	

^{*}Signature certifies that the materials and/or services have been delivered and/or performed for the District; that the said claim is just, due and unpaid; that there are no offsets against the same; that the items and specifications are correct; and that the sums charged are reasonable and just.