

STUDENT ACTIVITES REQUEST FOR PAYMENT

I, _____, **Advisor/Coach**
have performed the duty of advisor/coach. (Print Name)

For _____ in accordance with all board policies
and to the best of my ability. (Activity/Sport)

_____ Date _____
(Signature Advisor/Coach)

I/We _____, _____
Athletic Director **Principal**

as the individuals responsible for overseeing this activity, we have discussed its merits with the advisor and participants. We have determined that the advisor has met or exceeded our expectations by providing a positive educational/athletic experience for the participants. Additionally, we have confirmed that all other tasks required of the advisor have been completed.

I, _____, **Principal** have ensured that the Budget and Purpose Statements were collected at the beginning of the year and reviewed with the Advisor/Coach responsible for this activity. After careful consideration, we have determined that this activity has merit and will continue next year.

I, _____, **Superintendent** have all necessary forms complete and filed for this activity, if applicable.

I, _____, **Treasurer** have all necessary forms complete and filed for this activity, if applicable.

This includes:

- Budget and Purpose
- Summary of Sales
- All Requisitions and signed Purchase Orders
- All Travel and Expense reimbursements
- Request for payment form

Please indicate how taxes are to be withheld from this payment.

___ Taxed at 25% Federal., 3.5% State **OR** ___ Taxed as regular wages

To be filled out by the Treasurer's Office Only

Paid on date: _____
Paid by: _____
X Ref Code: _____

Amount of base payment: \$ _____

Continuous service percentage rate: _____ = \$ _____

Total Payment: \$ _____