

GROUP PAYMENT FORM

PLEASE PRINT ALL INFORMATION

Payment will not be processed unless ORIGINAL GREEN form is filled out completely and sent for approval. (Supervisor, CFO and Assistant Superintendent)

When taking this form offline - PRINT ON GREEN PAPER ONLY

Name of Workshop/Activity:					
Date(s) of	Worksl	hop/Activity:			
Worksho	p Activi	ty Leader:	Must be signed by Dringin	ol/I and an	
			Must be signed by Princip	al/Leader	
Emp #	Loc	School	Employee Name	Total Hr(s)/Day(s)	Amount
_					
-					
_					
_					
			For Cental Office V	Use Only	
Account 1	to Charg	ge:			_
CFO Signature of Approval:					Date
Superitendent/Asst. Superintendent Signature of Approval:					Date