TRI-VALLEY CENTRAL SCHOOL PAYROLL CLAIM FORM

| Name of l | Employee | | | | | |
|--------------------|-----------------|--------------------|--|---|-----------------------|--------------|
| Principal | Superviso | or's Signatu | re | | _ | |
| Date of Service | Time In | Time Out | # of Hours Worked | Description of Work Performed | Hourly/Daily Rate | Total |
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| | | 1 | <u> </u> | <u> </u> | Total | |
| amounting to | , NY; that said | | have actually pe | ed in the above account or claim and include rformed for, furnished and/or delivered to and that there are account thereof, except as | the Board of Educat | |
| Employee Name | | Employee Signature | | Title | Date | |
| - | - | | been rendered in s delivered satisf | accordance wih the contract, agreement, or actorily. | r accepted estimate a | and that the |

Signature of Payroll Officer

Date