

Payroll Claim Form 2011-12
Marlboro Central School District

Employee Name: _____ Date: _____

Home Address: _____ School: _____

NOTE: Payroll claim forms will **only** be accepted for a **one week period**. Tutoring hours are not to exceed state requirement.

(Use for chaperone, home teaching, curriculum work, adult education, and other employee related services paid through payroll.)

Date	Hours	Description/Purpose	Rate	Total

Vendor must sign this form. This is to certify that services charged have been actually performed, furnished, and/or delivered to the school district and the charges are true and just, and that no prior payment has been made for these services.

Employee Signature _____

Administrator/Director _____

Ass't Supt. For Business _____ Date: _____