

Supplemental Close Out Form

Name_____ Position_____

Inventory/Equipment Turned In? _____ Yes _____ No

All duties have been completed for this supplemental contract and it is approved for payment.

Signature Date *Athletic Director or Principal Date

*Athletic Director signs all athletic supplements/Principal sign all others

Return this form to the Treasurer's Office for payment of the supplemental contract. Payment will be made within twenty-one (21) days after the receipt of this form by the Treasurer.

Treasurer Date Received