

Lancaster County Public Schools

Learning Today... Leading Tomorrow!

Verification of Services Rendered or Travel Between Schools

Employee Name:		School Location:	
I request payment for:			
☐ Supplement (Athletic, School Contract, etc.)		Describe:	
□Other (Specify):			
Dates and hours of serv	vices rendered or travel:		
Date	Hours (from/to)	Total Hours	
Rate/ Hour	x Total Hours	= \$	
Number of Miles	(if applicable)x \$.65	5 = \$	
Total Reimbursement A I certify that the amo	Amount \$unts above are just, due and	d payable	
Employee Signature	Date	Principal/Supervisor	Date
Payroll/Central Offic Requires approval of If Yes, Explain	e Use Below: Superintendent or Designe	e? YES	
Superintendent or De	signee Signature		

Jessica Davis, Superintendent Takia Dobyns, Director of Budget & Finance Kelvin Evans, Director of Human Resources & Equity John Mann, Director of Operations & Transportation School Board
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