

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 services rendered or travel:

Date	Hours (from / to)	Total Hours

Rate/ Hour x Total Hours = \$

Number of Miles (if applicable) x \$.535 = \$
 Total Reimbursement = \$

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I certify that the amounts above are just, due, and payable

Signature of Employee Date

Principal / Supervisor Date

Payroll/Central Office Use:

Requires approval of Superintendent or Designee? YES

If Yes, explain

Approval by Superintendent or Designee

CC: Payroll, Employee