

LANCASTER COUNTY PUBLIC SCHOOLS
 Kilmarnock, Virginia 22482

Verification of Services Rendered or Travel Between Schools

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 \$.55 = \$

Total Reimbursement = \$

.....

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

NO

If Yes, explain

Approval by Superintendent or Designee

CC: Payroll, Employee