HARDIN NORTHERN LOCAL SCHOOLS
PAYMENT REQUEST FOR COMPLETION OF EXTRACURRICULAR AND ATHLETIC DUTIES

** Complete appropriate section and route to proper person.

EXTRACURRICULAR ACTIVITY_____
Name of Activity

I have completed the duties incumbent upon the advisor of this activity and I am requesting payment in the amount of $_____.

_____
Signature

ROUTING: Principal
Superintendent
Treasurer

_____
Principal

ATHLETIC DUTIES_____
Name of Athletic

I have completed the duties incumbent upon this position or assignment and I am requesting payment in the amount of $_____.

_____
Signature

ROUTING: Athletic Director
Principal
Superintendent
Treasurer

_____
Athletic Director

To: Superintendent and District Treasurer
From: Building Principal

I approve the request for payment as listed above.

_____
Principal Date

_____
Superintendent Date