FAIRFIELD LOCAL SCHOOLS
FINAL PAYMENT REQUEST/APPROVAL FOR SUPPLEMENTAL CONTRACTS

This form must be turned into the Office of the Superintendent by the Athletic Director and/or Building Principal after the completion of all duties your supplemental contract implies in order to receive payment.

In the case of athletic contracts, the Athletic Director must verify that all equipment/uniform responsibilities, etc. have been fulfilled.

I, _____ request payment from the Board of

Education for my duties as _____.

I verify that I have completed all duties of the position. _____

Contract Holder's Signature Date

I verify that all equipment/uniforms, etc. have been turned into me. _____

Athletic Director's Signature Date

I verify that all duties have been completed per the supplemental contract. _____

Principal's Signature Date

Please make payment according to the terms of the supplemental contract as all duties have been completed. _____

Superintendent's Signature Date

All paperwork has been received and payment may be processed. _____

Treasurer's Signature Date

For Treasurer's Office Use:

Amount to Pay:_____ Pay Date:_____

Account Code:_____