

Cache County School District

PAYROLL CLAIM

(Top Must Be Filled Out Completely)

Name _____

Date _____

Street Address _____

City _____ State _____

Zip Code _____

CCSD Employee ID Number _____

Budget Code

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Approval Signatures

Principal _____

Director _____

Date	Explanation	Hours	Rate	Amount
	Totals			

I swear that the above claim is correct,
And that no part thereof has been
Previously presented, allowed or paid.

I certify the above claim has been
approved and hereby authorize payment.

Signature of Person Submitting Claim

Business Administrator