

Date

Request for Payment Report

The Request for Payment Report should be used when requesting payment for services to the Westwood Community School District. Due to payroll cut off schedules, this form, along with supporting documentation should be received in Central Office at least two weeks in advance of the desired payment date.

Employee Name			Position			
School Year			Service Date(s			
Building			Account Number to be Charged			
Course Taught This Term:			Payment Amoun	t:		
Course Taught This Term:			Payment Amoun	t:		
Course Taught This Term:			Payment Amoun	t:		
Course Taught This Term:			Payment Amoun	t:		
			Total Payment [	Due:		
Total Number of Students Ser	viced:					
Attached End of Marking Period Report						
Attached Student Grade Repo	ort		_			
			_			
Employee Signature	nployee Signature Date		Westwood Cyber Director Signature		Date	
CENTRAL OFFICE USE ONLY	<u> </u>					
Received	□ Approved	□ Denied	Paymei	nt Date:		
Comments:						
Ex. Director of OII Signature	Data Fire	ncial Officer Sign	Dat-	Daywell Coordinates Signature	Deta	
Ex. Director of Off Signature	Date Finar	iciai Officei Sigli	iature Date	Payroll Coordinator Sign	nature Date	