

**TO:**                   **TREASURER’S OFFICE - PAYROLL**

**DATE:**               \_\_\_\_\_

**IN RE:**              **AUTHORIZATION OF PAYMENT**

**% OF BASE:**       \_\_\_\_\_

This is to certify that \_\_\_\_\_, # \_\_\_\_\_ has  
completed his/her \_\_\_\_\_ Supplemental Contract  
and authorization is given for payment in the amount of \_\_\_\_\_  
(\$ \_\_\_\_\_).

**Please list dates worked:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Building Principal/Athletic Director Signature**

\_\_\_\_\_  
**Superintendent’s Signature**