## **AUTHORIZATION OF PAYMENT**

TO:	Treasurer's C	Office			
DATE:			224		
IN RE:	Authorization of Payment				
This is to certif	fy that	(Employee Na		the following professions	
development a	nd/or supplen	nental			
as per the char	t below, and a	(Name of PD/s uthorization is giv	Supplemental) en for payment in the amou	nt of \$	
Date(s) Worked		Hours	Hourly Rate of Payment	Total	
97		3''	7		
		/ (		1	
		<i></i>	) =		
Employee Signature				Date	
Building Principal/Athletic Director Signature				Date	
Superintendent's Signature				Date	