PAYROLL CLAIM FORM

To: NEWFIELD CENTRAL SCHOOL
247 MAIN STREET
NEWFIELD, NEW YORK 14867

From: Name: _____ Date: _____

Address: _____

_____

Phone: _____

Date	Hours	Description of duties performed	Hourly rate	Total
		GRAND TOTAL OF CLAIM		$

CLAIM FORM MUST BE SIGNED.

Claimant's Signature: _____ Date

Supervisor: _____ Date

Superintendent _____ Date