

ATERVLIET CITY SCHOOL DISTRICT
1245 HILLSIDE DRIVE
WATERVLIET, NEW YORK 12189

REQUEST FOR PAYMENT OF SERVICES

I have completed all duties and services required by my assignment as:

Starting Date _____

Completion Date _____

Amount of 2009-2010 Coaching stipend _____

Signature of Employee

All requests for payment should be submitted to the Business Office, when coaching is completed.

Approved by: Director of Athletics

Approved by: Principal

Date Submitted

EMPLOYEE NAME (please print) _____

ADDRESS _____

PLEASE COMPLETE THE ATTACHED TAX FORM IF YOU WANT YOUR TAX DEDUCTIONS CHANGED FOR THE COACHING CHECK ONLY.