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DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

NON-DC PUBLIC SCHOOL EMPLOYEES ONLY

Athletic Form B

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

**Accounts Payable
Request for Payment**

School Year: _____

Date: From: _____ To: _____ School Name: _____

Name of Non-DCPS Athletic Worker: _____

CURRENT Address: _____

ADDRESS MUST MATCH THE ADDRESS ON YOUR CURRENT W-9

Home Phone: _____ Office Phone: _____ SSN: _____

Position Held: _____

Amount Due: _____

Athletic Director Signature: _____

Title: _____

Date: _____

AUTHORIZATION

Michael Bryant, II

Print Name

Signature

Title: Executive Director, Athletics

Date: _____

PRINCIPAL APPROVAL

I certify that the Athletic Coach/Worker has satisfactorily performed the contracted services rendered.

Print Name

Signature

Date: _____

Extra Duty Assignment Authorization must be attached