



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: \_\_\_\_\_

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**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*