

DIFS _____

Inv # _____



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 Athletic Coach/Worker: _____

Address: _____

Home Phone: _____ Office Phone: _____ SSN: _____

Activity Code: _____

Total Contract Amount: _____ Amount of Payment: _____

Principal/ Designee's Signature: _____

Title: _____

Date: _____

AUTHORIZATION

Print Name

Signature

Title: _____

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