HARRISON COUNTY SCHOOLS

REQUEST FOR PAYMENT – GROUP ATTENDANCE FORM

Description of Activity_____

Date of Activity_____

Time of Activity (example 8:00 a.m.-11:00 a.m.)_____

NOTE: Do Not Include Employees Electing Continuing Education Hours on This Form – For Payment Only

Employee ID	Printed Name	Employee Signature	Misc. Notes
933-00-_____			
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Amount To Be Paid To Each Employee Listed_____ hours x $35.00 = $_____

Account Code_____

School Principal_____

County Office Approval_____