



Harrison County Schools

Request for Payment—Group Attendance Form

School Name: _____

Name of Activity: _____

Date of Activity: _____

Time of Activity: _____

NOTE: Do Not Include Employees Electing Continuing Education Hours on this Form—For Payment Only.

Employee ID	Printed Name	Signature	Position	Notes
93300-				

Amount to be Paid to Each Employee Listed: _____ Hours X \$35.00 = \$ _____

Account Code: _____

School Principal: _____

County Office Approval: _____

Federal Programs Use Only

_____ No of Paid Participants X \$ _____ Amount Paid to Each Employee + 24% Fixed Costs
= Total Cost: \$ _____