



MORRISVILLE-EATON CENTRAL SCHOOL DISTRICT

PO Box 990
 Morrisville, NY 13408
 Phone: 315-684-9158
 Fax: 315-684-9171

Form REQ-5
**ADDITIONAL DUTIES PAY
 REQUEST**

Date: _____

Name: _____

Building _____ Dept/Grd: _____

DATE(S)	QTY (HRS)	DESCRIPTION of DUTIES PERFORMED	UNIT \$	TOTAL COST
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:			\$	-

Submit to the Business Office, Attn: PAYROLL

This is to certify that the services charged and included in the above claim have been actually performed for the above named Board of Education.

Signature of Claimant _____

Approved by Supervisor _____

Approved by Ass't Superint. _____

OFFICE USE ONLY Account Code:	FUND	FUNCT'N	OBJECT	LOCAT'N	PROGRM