



**CARMEL CENTRAL SCHOOL DISTRICT
EMPLOYEE PAYROLL CLAIM FORM**

Budget Code: _____

Employee Name: _____ Date: _____

Social Security #: (Last 4 digits) _____

Date	Description of Services for Payment	Amount
Total:		

Employee: My signature below certifies that this claim is being made for services actually provided for the Carmel Central School District and that the charges, therefore, are true and just, and that no payments have been made for this claim except as stated above.

Signature: _____ **Date:** _____

Administrator/Supervisor: My signature below certifies that this claim has been rendered in accordance with the contract, agreement, or accepted estimate, and that the work has been completed satisfactorily.

Signature: _____ **Date:** _____

Purchasing Official: This claim is approved for payment.

Signature: _____ **Date:** _____