

COACHING/SPONSORSHIP PAY REQUEST FORM
(To be used for lump sum pay – less than \$1,000)

School: _____

Sport/Activity: _____

Employee/Payee Name: _____

Supplement Amount: _____

If the payee is not an employee of the school system, complete the following:

Payee Address: _____

Payee Social Security # _____

**Signature of Principal
or Athletic Director:** _____

Date: _____