

Rocky Hill Public Schools

Other Payment Form

2017 - 2018

Please pay from the following information:

General Fund: _____

Grant Fund: _____

Budget Code: _____

Teacher Rate \$ 31.50 Para Rate \$ 13.42

Name	Project	Date	Start Time	End Time	Hours Worked	Rate of Pay	Amount Due
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Totals						-	\$ -

Signatures:

Date signed:

Staff Member: _____

(Assistant Superintendent) or Principal or Supervisor: _____

Assistant Superintendent of Finance & Operations: _____
