

Philipsburg-Osceola Area School District

2021-2022

Extra-Curricular Reimbursement Request Form

Name: _____

Employee# of last 4 of SS# _____

I have completed my duties as _____

(Please Specify - - full title as stated in contract)

Start Date _____ End Date _____ Total # of days worked _____

(Total days for athletics only)

Reimbursement for services in the amount \$ _____ according to the contract
_____ (Do not leave blank, dollar amount must be entered)

By signing this I am confirming that I have completed all necessary forms and have been board approved to fill this position.

Signature of Employee: _____ Date _____

Signature of Supervisor: _____ Date _____

Pay Date: _____