

SCHOOL DISTRICT OF LODI
Lodi, WI 53555

**REQUEST FOR PAYMENT
FOR
CREW/POOL ACTIVITIES**

NAME OF PAYEE: _____

ACTIVITY NAME: _____

PROGRAM AREA OF ACTIVITY PERFORMED (CHECK ONE)

- C.R.E.W (80E 460 ___ 390300)
 POOL (80E 450 ___ 390143)

DATE ACTIVITY BEGAN: ____/____/____
DATE ACTIVITY COMPLETED: ____/____/____

PERSON TO BE PAID IS (CHECK ONE BELOW)

- REGULAR STAFF (PAID THROUGH PAYROLL)
 NON STAFF (PAID AS CONTRACTED SERVICE)

TOTAL AMOUNT DUE: \$ _____

TOTAL HOURS COMPLETED: _____

ADMINISTRATOR SIGNATURE

DATE