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