**Instructor Name:** 

## **HOMEBOUND INSTRUCTION ONLY**

## DELAWARE VALLEY SCHOOL DISTRICT AUTHORIZATION FOR PAYMENT

School:

Position: Account Code:		Date:		
	++++++			
*******				
Date	Name of Student on Homebound Instruction	No. of Hours	Hourly Rate	Total
			Total	
	Take Lall and Marchael Park Lall and a second		Payment	. ( . 2 . [ . (
nave comp m respons	bleted all activities described above and ha	ive returned all e	quipment and ma	aterials for which
iii respons				
	_1	Homebound Instruct	mebound Instructor	
This forms	must be submitted for neumant for			
This form must be submitted for payment for Homebound Instruction Only		Parent of Homebour	nd Student	Date

**Guidance Counselor** 

Principal/Supervisor

**Business Administrator** 

Superintendent or Designee

Date

Date

Date

Date

Revised: July 12, 2006

This form must be submitted to the Business Office eight (8) days prior

to the payroll date.