

WRITE IN INK ONLY

DELAWARE VALLEY SCHOOL DISTRICT
AUTHORIZATION FOR PAYMENT

Name:	School:
Position:	Date:
Account Code:	

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Date	Service Provided (If Sub, Note Who Was Out)	No. of Hours (If Applicable)	Per Diem Hourly Rate	Total

**Total
Payment** _____

I have completed all activities described above and have returned all equipment and materials for which I am responsible.

*This form must be submitted by an employee for payment for the following services:

- (1) Substitute teacher, instructional assistant, clerical, etc.
- (2) Extracurricular work and approved activities, i.e., coaching, intramural, club or class advisor, director for band, chorus, drama, etc.

Note: Homebound instructors use separate authorization for payment.

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

Signature of Employee	Date
Athletic Director (if applicable)	Date
Principal/Supervisor (if applicable)	Date
Business Administrator	Date
Superintendent or Designee	Date