



# WESTPORT COMMUNITY SCHOOLS

## Office of Business Services

### Payroll Payment Bill Form

Payable to: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number: \_\_\_\_\_ PO# \_\_\_\_\_

DATE	DESCRIPTION: MUST INCLUDE TIME OF DAY	\$ AMOUNT
		\$
		\$
		\$
		\$
		\$

Signature: \_\_\_\_\_

Total Amount: \$

Administration Signature \_\_\_\_\_

Date \_\_\_\_\_

**BEFORE SUBMITTING FOR PAYMENT:**

1. SUBMIT ONLY ORIGINALS
2. LIST DATES AND TIMES (IE: 9/15/13 3:00 – 4:15)
3. SIGN BILL FORM AND OBTAIN SUPERVISOR'S SIGNATURE
4. LIST PURCHASE ORDER NUMBER AND ACCOUNT NUMBER TO BE CHARGED
5. ANY DAY OF 6 HOURS (OR MORE) OF WORK WILL BE REDUCED FOR A HALF-HOUR LUNCH.