



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.