



# White Cloud Public Schools

Building a Tradition of Excellence

www.whitecloud.net

## Schedule B Payment Request

### Schedule B Details

Employee Name:	
Schedule B Assignment:	
Current School Year:	Date Completed:
All Uniforms Collected? _____ Yes _____ No If No, list athletes and what is owed. Also list your attempts to resolve this situation.	
All Fundraising Money Collected? _____ Yes _____ No If No, please explain why?	

*By signing below, I acknowledge that I have completed the necessary paperwork required of this position and turned in any inventory or supplies as required. I am requesting payment for this position based on the Schedule B Contract I have signed.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Central Office Use Only

Date Received:	Schedule B Amount:
Date Paid:	Completed By:
Code:	