

WHITE CLOUD PUBLIC SCHOOLS

**SCHEDULE B
PAYMENT REQUEST**

I _____ have fulfilled my obligations as
(print name)
_____ for the _____ School year
(current school year)
as of _____.
(Date obligations completed)

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.

Signed

Date

Approved (Principal or Director)

Date

For Central Office Use Only

Date Received

Schedule B Amount

Date Paid

By: