



**Clarksville-Montgomery County School System
Facilities Use Invoice Request – Non Rental**

School/Facility:			
Outside Organization Name:			
Street Address:			
City/State/Zip Code:			
Organization Contact Name:			
Phone Number:		Email:	

A copy of the approved Application for Use of School Facilities & Agreement (BUS-F001) MUST be attached to this document.

Employee Name	Emp. #	Date Worked	Hours Worked	FOR PAYROLL OFFICE USE ONLY				
				O.T. @ 1.0	O.T. @ 1.5	O.T. @ 2.0	Hourly Rate of Pay	Total
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$

Signature of Principal or Designee: _____

Date: _____

FOR PAYROLL/ACCOUNTING USE ONLY		
GSN ___-___-00-518700	Custodian	\$
GSN ___-___-00-520100	Social Security	\$
GSN ___-___-00-521200	Medicare	\$
GSN ___-___-00-520400	Retirement	\$
GSN ___-___-00-521700	Retirement - Hybrid	\$
TOTAL CUSTODIAL CHARGES		\$
NVA ___-___-00-518700	Cafeteria	\$
NVA ___-___-00-520100	Social Security	\$
NVA ___-___-00-521200	Medicare	\$
NVA ___-___-00-520400	Retirement	\$
NVA ___-___-00-521700	Retirement - Hybrid	\$
TOTAL CAFETERIA CHARGES		\$
TOTAL CHARGES TO BE BILLED		\$