



Clarksville Montgomery County School System
Extra-Curricular Events Invoice Request
CLASSIFIED EMPLOYEE USE ONLY

School: _____
Date(s) Worked: _____
Please Invoice: _____
School/Organization Name: _____ Phone # _____ Email: _____
Address _____

| | | | |
|--|---------------------------|--------------------|-------------------------|
| 1).Employee Name: _____ | Employee #: _____ | Time In: _____ | Time Out: _____ |
| Position Worked: * _____ | | Hourly Rate: _____ | Hours Worked _____ |
| *(i.e.: Gate, Custodian, Score Keeper, Clock Keeper, etc...) | | OT@ 1.0 _____ | OT @ 1.5 _____ |
| For Payroll Office Use: \$ _____ | 518700 OT | \$ _____ | 520100 Social Security |
| \$ _____ | 520400 Retirement | \$ _____ | 521200 Medicare |
| \$ _____ | 521700 Retirement- Hybrid | | Total Expenses \$ _____ |

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| | | | |
|---------------|--|--|----------|
| TOTAL INVOICE | | | \$ _____ |
|---------------|--|--|----------|

Coach/Sponsor Approval: _____ Principal/Designee Approval: _____