

**REQUEST FOR PAYMENT
EXTRA CURRICULAR ACTIVITIES**

Extra Curricular Activity _____

Position _____

Name of Coach or Advisor _____

*I certify that all materials have been properly inventoried and stored; and
all reports have been submitted and responsibilities have been met.*

Signature of Coach or Advisor _____ Date: _____

Years Experience: _____ Stipend Amount Due: \$ _____

For Coaches or Advisors who are not employed full time at Southern Fulton School District,
please indicate how you would like to have your check delivered -

Mail check to the following address: _____
 Will pick up at District Office

Note: If you do not have a W-4 on file at the District Office, one must be completed before payment can be made.

Approval of Athletic Director: _____ Date: _____
(when applicable)

Approval of Principal: _____ Date: _____

Approval of Superintendent: _____ Date: _____

For District Office Use:

Payroll Date: _____ Account Number: _____