



MARION COUNTY SCHOOL DISTRICT
ATHLETIC EVENT REQUEST FOR PAYMENT

____ OFFICIAL ____ SECURITY ____ GATE ____ CLOCK ____ OTHER

(DISTRICT EMPLOYEES' PAY WILL APPEAR ON THEIR PAYROLL CHECK)

Name (please print): _____

Address: _____

THIS SECTION MUST BE COMPLETED FOR PAYMENT

SOCIAL SECURITY # _____

SIGNATURE: _____

OFFICE USE ONLY

EVENT: _____

DATE: _____ **AMOUNT:** _____

ACCOUNT NUMBER: _____

Athletic Director Approval: _____

Principal Approval: _____

Finance Department Approval: _____