

**MINERAL POINT HIGH SCHOOL
STUDENT ACTIVITIES - Claim for Payment**

NAME _____

Date _____

Check One Football Game Worker Basketball Game Worker
 Wrestling Match Worker Volleyball Match Worker

1. What task did you perform?

2. List the games or matches and dates worked:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Number of games worked x \$20.00 = _____

Please return to the H.S. office.

Signature of Worker

Social Security Number

Signature of Administrator

Date approved for payment

Date of payment

Total Amount of Claim