MINERAL POINT HIGH SCHOOL/MIDDLE SCHOOL STUDENT ACTIVITIES

Claim for Payment-Check One Football Game Worker Basketball Game Worker Wrestling Match Worker Volleyball Match Worker DATE: NAME: What task did you perform? _____ List the games or matches and dates worked: Amount of Claim: Number of events x \$20.00 =**Signature of Worker Administrator Approval for Payment Date** Please return this claim sheet to the Business Office. Total Claim Amount____ Office Use: Date of Payment _____