

MILFORD SCHOOL DEPARTMENT
13 School Street
Milford, Maine 04461
(207) 827-2252

EXTRA CURRICULAR ACTIVITY PAYMENT REQUEST FORM

NAME: _____

ADDRESS: _____

SS# _____

ACTIVITY COACHED/SPONSORED _____

SIGNATURE: _____

DATE: _____

Official use only

Account Code #411-100-130, Code R/451

Scheduled Contract Amount: _____

Amount to be paid: _____

Payroll Date: _____

Approved by: _____

Personnel: _____

Superintendent: _____