

Standard PAYMENT/REQUEST FORM for Reimbursement

If the expense for this work has been approved via purchase order, DO NOT USE THIS FORM: Return the signed Receiving Copy of the PO with any receipts.

(For all reimbursements, attach original + 2 copies of receipts. Name the purchase and purpose . List each receipt separately on this form.)

The work week runs from Thursday to Wednesday each week. All requests for payment must be IN INK, signed & submitted to the Business Manager no later than 4:30PM Wednesday. Late Slips will be held for next pay period. Pay slips older than 15 days must have prior written approval. See instructions below.

X, √ or Circle the correct acct:	Cottage (1)	East (2)	Heights (3)	Middle (6)	High (8)	Districtwide
Substitutes REG ED	<input type="checkbox"/> C 1520	<input type="checkbox"/> E 2520	<input type="checkbox"/> H 3520	<input type="checkbox"/> MS 6520	<input type="checkbox"/> HS 8520	
Substitutes REG Prof Dev	<input type="checkbox"/> PD 1391	<input type="checkbox"/> PD 2391	<input type="checkbox"/> PD 3391	<input type="checkbox"/> PD 6391	<input type="checkbox"/> PD 8391	
Substitutes SPED	<input type="checkbox"/> SP 1530	<input type="checkbox"/> SP 2530	<input type="checkbox"/> SP 3530	<input type="checkbox"/> SP 6530	<input type="checkbox"/> SP 8530	
Substitutes SPED Prof Dev	<input type="checkbox"/> SPPD 1381	<input type="checkbox"/> SPPD 2381	<input type="checkbox"/> SPPD 3381	<input type="checkbox"/> SPPD 6381	<input type="checkbox"/> SPPD 8381	
Substitutes Clerical/non instr.	<input type="checkbox"/> CL 1571	<input type="checkbox"/> CL 2571	<input type="checkbox"/> CL 3571	<input type="checkbox"/> CL 6571	<input type="checkbox"/> CL 8571	<input type="checkbox"/> CL 9571
Custodial Substitutes (absences)	<input type="checkbox"/> CSub 1790	<input type="checkbox"/> CSub 2790	<input type="checkbox"/> CSub 3790	<input type="checkbox"/> CSub 6790	<input type="checkbox"/> CSub 8790	
Custodial OT (extra work)	<input type="checkbox"/> OT 1788	<input type="checkbox"/> OT 2788	<input type="checkbox"/> OT 3788	<input type="checkbox"/> OT 6788	<input type="checkbox"/> OT 8788	
Lunch Duty					<input type="checkbox"/> LCH 6774	<input type="checkbox"/> LCH 8774
Travel REG interschool job	<input type="checkbox"/> TR 4207	<input type="checkbox"/> TR 4207	<input type="checkbox"/> TR 4207	<input type="checkbox"/> TR 7207	<input type="checkbox"/> TR 7207	<input type="checkbox"/> TR 9207
Travel SPED interschool job	<input type="checkbox"/> TRSP 4311	<input type="checkbox"/> TRSP 4311	<input type="checkbox"/> TRSP 4311	<input type="checkbox"/> TRSP 7311	<input type="checkbox"/> TRSP 7311	<input type="checkbox"/> TRSP 9311
Home Hosp TUTOR REG	<input type="checkbox"/> HH 1536	<input type="checkbox"/> HH 2536	<input type="checkbox"/> HH 3536	<input type="checkbox"/> HH 6536	<input type="checkbox"/> HH 8536	<input type="checkbox"/> HH 9536
Home Hosp Tutor SPED	<input type="checkbox"/> HHSP 1730	<input type="checkbox"/> HHSP 2730	<input type="checkbox"/> HHSP 3730	<input type="checkbox"/> HHSP 6730	<input type="checkbox"/> HHSP 8730	<input type="checkbox"/> HHSP 9730
Prof Dev Stipend REG	<input type="checkbox"/> PD 1390	<input type="checkbox"/> PD 2390	<input type="checkbox"/> PD 3390	<input type="checkbox"/> PD 6390	<input type="checkbox"/> PD 8390	<input type="checkbox"/> PD 9390
Prof Dev Stipend SPED	<input type="checkbox"/> PDSP 1380	<input type="checkbox"/> PDSP 2380	<input type="checkbox"/> PDSP 3380	<input type="checkbox"/> PDSP 6380	<input type="checkbox"/> PDSP 8380	<input type="checkbox"/> PDSP 9380
Student Activity Fund	<input type="checkbox"/> 89011095	<input type="checkbox"/> 89022095	<input type="checkbox"/> 89033095	<input type="checkbox"/> 89066095	<input type="checkbox"/> 89088095	
<input type="checkbox"/> Custodial Rental 89500000-5104 + C, E, H, MS, HS, REC			Athletic Rev: <input type="checkbox"/> Refs 22038465 Staff -5103 Cler -5104			
<input type="checkbox"/> Contracted Serv 10018465-5102			<input type="checkbox"/> Coaches 10018760			
<input type="checkbox"/> Comm Ed REV 1: 22069090 Staff -5103 Cler -5104			<input type="checkbox"/> Comm Ed REV 3: 22134090			
<input type="checkbox"/> Comm Ed REV 5: 22154090						
<input type="checkbox"/> Metco Grant 317 2001x00x			<input type="checkbox"/> Cafeteria 22019092			
<input type="checkbox"/> EC Rev. Sub 22000000-510500			lunch-510900 <input type="checkbox"/> Other-> Fill in acct #			

(A) Describe work performed (MUST be complet _____

(B) Name: _____ **School:** _____

(C) Position (if employed by Sharor) _____ Employee- no longer on payroll

(D) For reimbursements that will be mailed to non-employees, we need the following information:

Address _____ City/State _____ Zip _____

Day <small>(Thurs-Wed. cycle)</small>	Date <small>Month/Day</small>	Daily Log/ <small>Daily Start-Stop times or Sub for whom or Description detail -Must be complete-</small>	# of hours or <small>days</small>	Rate of pay <small>(per hour or per day)</small>	Total Pay <small>(Use only if more than one acct is needed.) from Account #:</small>	Total Pay <small>(Use only if more than one acct is needed.) from Account #:</small>	Total Pay <small>(Use to show total pay owed.) from Account #:</small>
Thurs.					\$0.00		
Friday					\$0.00		
Sat					\$0.00		
Sunday					\$0.00		
Mon					\$0.00		
Tues					\$0.00		
Wed.					\$0.00		
PAYSLIPS are DUE WEDNESDAY 4:30		(E) TOTAL:	\$0.00		\$0.00		

Signatures indicate: (1) Form is completely filled out (2) Amounts and accounts are included and correct (3) Use INK! Call 784-1570 X 4 for help.

Signature of person requesting payment: _____ Date _____

Coordinator/Supervisor/Manager [verify Work Completed] _____ date _____ Administrator: *verify amount to pay & account number used.*

Send original signed form to Susan Owen, Business Manager, 1 School Street, Sharon, MA.

Authorized chargeable organization, accounts, or POs: _____
 Central Office Administrative Approval/signature: _____

Standard PAYMENT/REQUEST for Reimbursement FORM
Instructions for completing form

Before any payments to be made

- ∞ Payment/Request for Reimbursement Form must be filled in completely, signed and dated.
- ∞ Any needed receipts must be attached.
- ∞ Send original plus 2 copies of any receipts, invoices with this payment request form.

For payment for extra work over and above regular contract:

- ∞ Obtain approval from supervisor or principal prior to completing work.
- ∞ Describe work completed as well as agreed upon compensation rate and account to be charged.

For reimbursements, PLEASE NOTE: Taxes are NOT reimbursable.

Use a purchase order with the tax identification number to avoid tax payments.

- ∞ All items for reimbursement require administrative approval IN ADVANCE.
A signed purchase order or other signed approval represents approval.
- ∞ For items you paid by cash, check, debit card or credit card, attach ORIGINAL dated receipts to this form.
- ∞ The receipt should be the standard receipt issued by the establishment, on letterhead or other official paperwork.
- ∞ Keep a copy of the form and receipt until you receive payment.
- ∞ No pencil-written receipts are acceptable
- ∞ **NO MIXED RECEIPTS ARE ACCEPTABLE. Do not mix personal or other expenses on the same receipt.**
- ∞ The receipt should clearly indicate, in detail, the item that was purchased.
This information should also be provided on this form. Fill the form in completely.
- ∞ Administration must verify (sign) that the purchase was used by the schools, within the current fiscal year.
- ∞ For checks you wrote, attach a copy of the check – both sides.
- ∞ Credit card purchases follow these same rules explicitly.

For Professional Development work Seminars (10 hr. minimum according to DOE Regulations)

- ∞ Prior approval is required. Submit requisition or obtain written approval from Supt. Of Schools.

ACCOUNT NUMBERS for commonly used accounts are listed beside the check boxes above.

- ∞ If you need to use an account not listed, please clearly print it under "other" using the name of the account and the account number.
For HELP in identifying account number, call payroll at 781-784-1570 X 4.

USE MUNIS ACCOUNT NUMBERS FOR ALL EXPENDITURES – when in doubt, call the Accounting Office

Substitute Teacher accounts: Please be sure to charge the correct SUBSTITUTE TEACHER account.

- Use either the regular building account. If the teacher is either being mentored or is out on a professional development day, use the professional development substitute account.
- If a substitute is for a Special Education teacher, there are separate accounts that should be used. This allows proper tracking of regular and special education expenses for the Dept of Education. See the list of accounts on the PAY FORM.

For Custodial overtime

- ∞ Use x790 for custodial services performed by substitutes, including regular custodial staff, while the regular custodian is out and still being paid. This would include pay differentials for those filling in when the head custodian is out. *The "x" should be exchanges for the building number (1=Ctg, 2=East, 3=Hgts, 6= MS, 8= HS, 9= DW, 5= Early Childhood)*
- ∞ Use x788 OT for custodial overtime for EXTRA school-related services that are over and above the normal day and which are not related to absences and cannot be charged off to rentals or other accounts.
- ∞ For rentals or other uses not related directly to school use, use that agency's rental fees to offset costs.

For mileage reimbursements: The only personnel who will be reimbursed for mileage are those teachers assigned, as part of their contract, to travel between buildings.
All staff need prior budget approval from the building or central administrators.

For travel to conferences: There is no reimbursement for travel to and from conferences.