

Putnam Valley Central School District
Putnam Valley, New York 10579

Claim Form

Name: _____

Date	Description of Work	Time In	Time Out	Total Hours	Stipend Rate	Total Claim
Total Claim						

_____ *Signature of Employee* _____ *Date*
 X _____ *Signature of Supervisor* _____ *Date*

*For Club/Stipend Claim Forms Only (form requires two building level signatures):
I have reviewed and I am approving all backup information regarding this claim. I will keep information on file for auditing purposes.*

X _____ *Signature of Approver* _____ *Date*

_____ *Signature of Director of Special Ed (If applicable)* _____ *Date*
 _____ *Signature of Superintendent* _____ *Date*

For Office Use Only
Budget Code: _____ @ \$ _____