

WAYNE TRACE LOCAL SCHOOL
EXTRA CURRICULAR ACTIVITY
FINAL PAYMENT REQUEST FORM

COACH / ADVISOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ BEST TIME TO CONTACT YOU: _____

EXTRA CURRICULAR POSITION HELD: _____

STARTING DATE OF ACTIVITY: _____ ENDING DATE OF ACTIVITY: _____
(MONTH AND YEAR) (MONTH AND YEAR)

To receive final payment:

1. All items below must be check and approved by your appropriate supervisor
2. All signatures must be present at the bottom of this form unless it is not an extra-curricular sport.
Only the Advisor and Jr. / Sr. Principal need to sign off for the following activities: Scholastic Bowl, NHS, Student Council, Drama, Band/Choir, Concessions, Washington DC Advisor.

() Inventory is complete and submitted to the building Principal or Athletic Director

() All equipment is satisfactorily placed in storage areas

() All bills are collected and submitted for payment

() End of year results and stats are submitted to the Athletic Director

() All building and athletic keys were given back to the Principal or Athletic Director

() Evaluation has been performed by the Principal
(You will need to set up a time with the principal for an evaluation.)

I hereby state that the contract for the above extra-curricular activity have been reviewed and is completed in full. Final payment is approved to be paid by the Treasurer's office.

Signatures:

COACH / ADVISOR: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

ATHLETIC DIRECTOR: _____ DATE: _____