

**HIGHLAND FALLS-FORT MONTGOMERY
CENTRAL SCHOOL DISTRICT**

PO Box 287
Highland Falls, NY 10928
(845) 446-9575
Fax (845)446-7108

**PAYROLL
CLAIM FORM**

Employee: _____ Date Submitted: _____

_____ Amount to be paid: \$ _____

This form must be completed in BLUE Ink.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Approval of Principal /Date

Requester Signature /Date

Approval of Assistant Superintendent /Date