

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

PO Box 287
Highland Falls, NY 10928
(845) 446-9575
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**PAYROLL
CLAIM FORM**

Employee: _____ Date Submitted: _____

_____ Amount to be paid: \$ _____

TRANSLATION SERVICES

Translation Service Requested by: _____

Subject Content of Translation: _____

of Pages _____ X \$40 per Page= \$ _____

PLEASE ATTACH TRANSLATED PAGE(S)

This form must be completed in Blue Ink

Approval of Principal / Date

Requester Signature / Date

Approval of Assistant Superintendent for CIT Date