

EASTERN SIERRA UNIFIED SCHOOL DISTRICT

PAYROLL CLAIM

Claimant _____

Social Security No. XXX - XX - _____

Street or P.O. Box No. _____

SITE _____

City _____ State _____ Zip _____

DATE	PAY CODE / PROJECT	DESCRIPTION	HOURS/DAYS	RATE	AMOUNT
TOTAL				TOTAL	

DATE _____, 20____

Signature of Claimant

Superintendent Signature

Verified by Administrator

Signed (Authorized Dist. Business Administrator)