

**ITHACA CITY SCHOOL DISTRICT
ITHACA, NEW YORK**

PLEASE PRINT CLEARLY

NAME

DATE PAID BY PAYROLL OFFICE

BUDGET CODE TO BE CHARGED

EMPLOYEE NUMBER

ESTIMATED TOTAL EXPENDITURE

DESCRIPTION OF DUTIES/WORKSHOP

HOURLY RATE

DAILY RATE

\$ _____

\$ _____

Month	Day	Time In	Time Out	# Hrs.
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			

Month	Day	Time In	Time Out	# Hrs.
	17			
	18			
	19			
	20			
	21			
	22			
	23			
	24			
	25			
	26			
	27			
	28			
	29			
	30			
	31			
Total				

This is to certify that the services totaling \$ _____ and charged in the above Timesheet have actually been performed for the Board of Education, Ithaca, New York; That said Timesheet is just, due and unpaid and that the times and dates are correct and inclusive.

Employee Signature _____ Supervisor Signature _____

Date Submitted _____ Date Approved _____