## REQUEST FOR EXTRA DUTY REIMBURSEMENT LAFARGEVILLE CENTRAL SCHOOL LAFARGEVILLE, NY 13656

Name					
Address .					
Tutor Curriculu	Chaperone m Medical Buy-Ou	Advisor ut Sick B		ess Room ( Coach	Other
	Budget C	ode.			
Budget Code:  Budget Code:					
Date	Description		Total Hours	Rate	Total
Signature of Claimant				Date	
Signature of Supervisor				Date	
Signature of Superintendent				Date	