ATHLETICS OFFICE BILLING ONLY

EVENT WORKERS REPORT

NON-TULSA PUBLIC SCHOOL PERSONNEL ONLY

EVENT(School & Sport/Activity):_____

Account Number: __11-0000-50-7920-3430-__ __ __-3330-000-06-068

Program(circle one): 800=Coed
810=Female
820=Male

Employee ID Number	Name	Vendor Number	Total Hours Worked	Salary Amount	Position Worked
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The undersigned hereby certifies that the persons above named personally performed services in the capacities stated in their contracts of employment, under my direct supervision during the period of the time shown above.

_____
Approved

Date of Event: _____

_____
Approved

_____
Signature of Principal/Director