

**STUDENT ACTIVITY BILLING ONLY**  
**EVENT WORKERS REPORT**  
**NON-TULSA PUBLIC SCHOOL PERSONNEL ONLY**

EVENT(School & Sport/Activity): \_\_\_\_\_

SAF RQ # \_\_\_\_\_

Account Number: \_\_11-0710-50-2199-3400-\_\_ \_\_-0000-000-06-071

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

Social Security 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