

**LORAIN INDEPENDENT SCHOOL DISTRICT
P O BOX 457
Loraine, Texas 79532**

EXTRA-DUTY PAYMENT FORM

PAYEE NAME: _____

REASON FOR SUPPLEMENTAL PAY: _____

Other Duties/Stipends _____

BUDGET CODE: _____

DATE(S) WORKED: _____

AMOUNT TO BE PAID: _____ \$ _____

AUTHORIZED BY:

SUPERVISOR'S APPROVAL: _____ DATE: _____

APPROVED BY BUSINESS MANAGER OR SUPERINTENDENT:

_____ DATE: _____

For Payroll Use Only:

Posted: _____

Date Paid: _____