SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Business Office
240 North Crockett Street • San Benito, TX 78586 • Phone:(956)361---6100 • Fax:(956)361---6166

TITLE OF WORKSHEET: PAYROLL _____

_____

Campus/Department_____

DATE	EMPLOYEE: Last, First	EMP. #	BUDGETARY CODE	HOURS	RATE	TOTAL
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
					GRAND TOTAL:	**0.00**

ALL INFORMATION MUST BE CORRECT WITH PROPER BACK UP AND SIGNED BY PRINCIPAL OR DEPARTMENT HEAD BEFORE SUBMITTING TO PAYROLL FOR PAYMENT.

PRINCIPAL/DEPT. HEAD SIGNATURE_____ FEDERAL PROGRAMS DIRECTOR_____

ASST. SUPT. OF ACADEMIC SERVICES_____ ASST. SUPT. OF FINANCE & OPER. _____