

ADVISOR DUTY CLAIM FORM

PLEASE RETURN TO BUSINESS OFFICE ASAP UPON COMPLETION OF SERVICES

ADVISOR NAME: _____

DATE: _____

ADVISOR DUTIES PERFORMED	TOTAL

ADVISOR SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

PURCHASING OFFICIAL: _____ DATE: _____
(Superintendent)

**CLAIM FORMS WILL NEED TO BE COMPLETED FOR ALL ADVISOR DUTIES
CLASSIFIED AS SEASONAL WITHIN THE CONTRACT**