

OKOBOJI COMMUNITY SCHOOL

Certified Staff-Wage Request Form

Employee Name: _____

	DATE	AMOUNT DUE
Dual Credit Class \$250 per class		
Name of Class:		
Name of Class:		
Camp Foster Course \$1300 per course		
Name of Course:		
TOTAL DUE		

Account Code: _____

Employee Signature: _____

Approved by:
Principal _____

Superintendent _____