

Clarksville Montgomery County School System
Facilities Use Invoice Request

School/Facility: _____

Date(s) of Use: _____

Please Invoice: Organization Name: _____

Organization Address: _____

Room(s) Used (Check all that apply):

- Gymnasiums/Playrooms _____
- Theater/Auditorium _____
- Concession Stand _____
- Cafeteria/Commons Area _____
- Kitchen _____
- Classroom/Library _____

For Accounting Use:	
Rate/Hour	Amt. to be Billed
\$100	_____
\$85	_____
\$25	_____
\$85	_____
\$85	_____
\$60	_____

Employee Name	Date Worked	Hours Worked
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____
Principal or Designee

Date: _____

For Payroll Office Use: Credit the following accounts for labor:

Account		
GSN00000-518700	Custodian	_____
GSN00000-520100	Social Security	_____
GSN00000-520400	Retirement	_____
GSN00000-521200	Medicare	_____
Total Custodial Charges:		_____
NVA ___ 00-518700	Cafeteria	_____
NVA ___ 00-520100	Social Security	_____
NVA ___ 00-520400	Retirement	_____
NVA ___ 00-521200	Medicare	_____
Total Cafeteria Charges:		_____
TOTAL CHARGES TO BE BILLED:		_____