

Clarksville Montgomery County School System
Facilities Use Invoice Request

School/Facility: _____

Date (s) of Use: _____

Please Invoice:

Outside Organization Name: _____

Address: _____

Address: _____

Email: _____

Phone #: _____

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

	Hours Used	For Accounting Use:	
		Rate/Hour	Amt. to be Billed
Gymnasiums/Playrooms	_____	\$100	_____
Theater/Auditorium	_____	\$85	_____
Concession Stand	_____	\$25	_____
Cafeteria/Commons Area	_____	\$85	_____
Kitchen	_____	\$85	_____
Classroom/Library	_____	\$60	_____

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

Signature: _____ **Date:** _____

Principal or Designee

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:		_____