



EXTRACURRICULAR EVENTS
SECURITY INVOICE
2019-2020

Form
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Eric S. Gordon
Chief Executive Officer

(Please Print)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

EMPLOYEE ID NO: _____

DESCRIPTION OF SERVICES RENDERED:

CIRCLE ALL THAT APPLY: K-8 JUNIOR VARSITY VARSITY EXTRAMURAL

- Golf Chess C.M.S.D. Security
Volleyball Cheerleader C.M.S.D. Police
Football Weightlifting CPD Off Duty
Bowling Military Drill
Basketball Hi-Stepper
Wrestling
Soccer
Baseball/Softball
Track
Tennis
Swimming Other _____

BOARD EMPLOYEE YES _____ NO _____

LOCATION: _____

EVENT: _____

DATE(S) OF SERVICE: _____

(Civilian Time Only)
START TIME _____ END TIME _____ HOURS WORKED _____

I hereby certify that the above information is accurate and the services for which payment is requested have been rendered on days or at times which do not duplicate, in whole or in part, payment by any other state or public agency.

OFFICERS SIGNATURE: _____ DATE: _____

AUTHORIZING SIGNATURE: _____ DATE: _____

SECURITY MANAGER SIGNATURE: _____ DATE: _____

ATHLETICS/STUDENT ACTIVITIES: _____ DATE: _____