

**MILFORD BOARD OF EDUCATION  
MISCELLANEOUS SPECIAL PAYROLL AUTHORIZATION FORM**

**From School:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

If general funds = account from general funds beginning with 01.

If student activity = 79.00.0.xxx.00ss.zzz as below

xxx = Program                      00ss = School Code #                      zzz = Function

Employee ID#                      Name                      Signature                      Amount                      FUNCTION / Reason for Payment

<u>Employee ID#</u>	<u>Name</u>	<u>Signature</u>	<u>Amount</u>	<u>FUNCTION / Reason for Payment</u>

Authorized by\* signature: \_\_\_\_\_ (\*athletic director or administrator)                      Date: \_\_\_\_\_