



Calhoun County School District

Athletic Coach Payment Request

Date: _____

Dear Mr. McClellan,

I would like to request payment to the following person for temporary athletic coaching in the following sport:

| Name | Sport/Location | Dates Worked | Payment |
|------|----------------|--------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Principal/Director Signature

Date

School