



DISTRICT SCHOOL BOARD OF PASCO COUNTY
Athletic Event Payment Request

MIS Form #173a
Rev. 2/25

This form should be used to request payment for work at an athletic event that occurs outside of regular contract. Amounts to be paid must align with current approved pay rates found in the [Athletic Handbook](#). To determine appropriate coding for these payments, please review the [Athletic Event Compensation](#) section of the Bookkeeping Manual. Athletic Coordinator Requests should be submitted separately from all other employee types. If you are requesting Athletic Site Coordinator payment for an all-day event, you must receive approval prior to the event. Once complete, submit this form via courier to Finance Services. Copies of forms will not be processed.

Cost Center Name	Cost Center Number	Sport and Game Worked (ex. Girls Soccer SSMS @ RRMS)	Date of Game

Athletic Site Coordinator	Athletic Support
Employee Type (Athletic Site Coordinator or Athletic Support)	Pay Code (District Use Only)

Employee ID	Employee Name	Job Description (must be a job listed in the Athletic Handbook)	JV, V or Both (circle all that apply)	Amount to be Paid
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	
			JV Varsity	

Payment should be coded to the following account:

Fund	Cost Center	Level	Project	Object	Function	Group	Amount

I hereby certify that I have reviewed the information above and give my approval for payment.

Administrator Name	Administrator Signature	Date

If requesting Athletic Site Coordinator payment for an all-day event, the request is approved by a District Administrator below:

Administrator Name	Administrator Signature	Date

To Be Completed by Finance (Initial and Date):

Received: _____ Processed: _____ Verified: _____ Completed: _____