# School Detail Timesheet

School Name: _____

Event Name: _____

Event Date: _____

Vendor Number: _____

Deputy's (Printed) Name: _____

Time In: _____ Time Out: _____

Total Hours: _____ X $30.00 = _____

***Payment Amount Due***

Deputy's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____