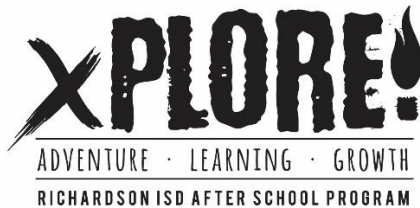


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FINGERPRINTING AND T-SHIRT PAYMENT FORM

Name: _____ Date: _____

Assigned School: _____ Best Contact Number: _____

Best Email Address: _____

xPLORE Staff Shirts	T-Shirt Size	# Shirts	Total
XS-XXXL \$10/Each	_____	_____	\$ _____

Fingerprinting Cost: \$50.00

Total: _____ \$ _____

If already fingerprinted with another district/organization, what is the name of the district/organization? _____

The following amount will be deducted from your first check. Please make note that we are unable to divide this into two payments. By signing below, you are stating that you understand that **this amount**, _____, will be deducted from your first Richardson ISD paycheck.

Signature

Staff Signature

If paid up front, please indicate here. Amount paid: _____ Method of Pymt: _____

FOR OFFICE USE ONLY

Oracle Number: _____ Date of Orientation: _____

Total Amount to be Deducted: _____

Date to be Deducted: _____

Date Sent to Payroll: _____