

**KEYTESVILLE R-III SCHOOL  
TIP FORM**

**Teacher:** \_\_\_\_\_

Date	Student	Description of Work	Time In	Time Out	Total
<b>Total Hours</b>					

This form must be properly filled out and submitted to the Central Office for reimbursement by the last day of each school year. Each teacher is responsible for turning in a copy of his/her monthly TIP form to the superintendent.