



# AGREEMENT 2019/2020 Reimbursement of Coach's Salary

Coach Name: \_\_\_\_\_

School: \_\_\_\_\_

Position: \_\_\_\_\_ Sport: \_\_\_\_\_

Paid by Bloomfield Hills Schools:

Salary	\$ _____	
+ Retirement	\$ _____	(27.5% of salary)
+ FICA	\$ _____	(7.65 % of salary)
= Total \$ _____		

Paid by EDUStaff:

Salary	\$ _____	
+ EDUStaff Charge	\$ _____	(17% of salary)
= Total \$ _____		

Party/Group responsible for paying reimbursement: \_\_\_\_\_

Name of person authorizing reimbursement: \_\_\_\_\_

Payment will be made by check. (Please make payable to Bloomfield Hills Schools and send to Angi Lewis, Athletics & Recreation, 7273 Wing Lake Road, Bloomfield Hills, Mi 48301)

Payment is to be done via internal transfer. Please deduct above amount from Hills account # \_\_\_\_\_ on date: \_\_\_\_\_

Authorizing Signature for transfer: \_\_\_\_\_ date: \_\_\_\_\_