

EAGLE MOUNTAIN-SAGINAW INDEPENDENT SCHOOL DISTRICT
PAYMENT FOR SERVICES

(Contractor will complete the following areas: Service Provider, Address, Social Security #, and Signature)

SERVICE PROVIDER NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

SERVICE PROVIDED: _____

DATE OF SERVICES: _____

HOURS & RATE OF SERVICES: _____

PAYMENT AMOUNT: _____

BUDGET CODE: _____

SERVICE PROVIDER SIGNATURE

DATE

TEACHER/SPONSOR SIGNATURE

DATE

CLUB STUDENT SIGNATURE

DATE

PRINCIPAL/DIRECTOR SIGNATURE

DATE

Completed by Financial Secretary

PO/DPAY # _____

VENDOR # _____