

SERVICE INVOICE

TO: EAST GUERNSEY LOCAL SCHOOL DISTRICT
P.O. BOX 128
OLD WASHINGTON, OHIO 43768

(This form to be used for non-employee services or contracts)

DESCRIPTION OF SERVICE OR WORK PERFORMED:			
<i>DATE(S)</i>	<i>PLACE</i>	<i>HOURS</i>	<i>RATE/CONTRACT PRICE</i>

PAYMENT FOR SERVICES WILL NOT BE RELEASED UNTIL THIS FORM IS FULLY COMPLETED.

SERVICE OR WORK PERFORMED BY:

NAME (please print): _____

COMPANY NAME (if applicable): _____

ADDRESS: _____

SIGNATURE: _____

SOC. SEC. # or TAX I.D.# (last four digits required) or VENDOR ID#: _____
(FIRST TIME INVOICES REQUIRE FULL SS# and DATE OF BIRTH)

DATE OF BIRTH: _____

THE ABOVE INFORMATION IS REQUIRED PURSUANT TO OHIO REVISED CODE SECTION 3121.89-3121.8911.

(Payment for services/contracts will be issued the 25th of each month if received before the 18th of the month.)

DISTRICT USE ONLY:

APPROVED BY _____
District Employee

DATE _____

PO #: _____