

Individual Service Agreement & Invoice

| x x x x x | | ** No District Employee may be paid ** ** with this Individual Service Agreement ** | | | | | | |
|----------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | Complete Given Name (Last , First) | To be completed by District personnel: | | | | | | |
| DBA Infor | mation | | | | | | | |
| Complete 1 | Mailing Address | Purchase Requisition/Order # | | | | | | |
| City | | A W-9 must be completed in full and attached before any payment will be released to Service Individual. All payments will be paid through normal board processing time lines. | | | | | | |
| Contact Ph | one Number | | | | | | | |
| Nature | of Services | | | | | | | |
| Time P | eriod of Services (start) | (finish) | | | | | | |
| | Hourly Services | | | | | | | |
| | Agreed Upon Compensation for Services:\$per hour xhours Total Compensation \$ | | | | | | | |
| or | | | | | | | | |
| | Project | | | | | | | |
| | Total Agreed Upon Compensation for Services and/or Supplies to be reimbursed (please attach itemized receip | \$ pts) \$ Total Project \$ | | | | | | |
| [| | | | | | | | |
| "I c true Cour | and just record of time and services rendered by me for v | ons of W.S. 6-5-303 and its penalties, that the foregoing claim is a which I am legally entitled to be compensated for by the Campbell e foregoing claim has been paid by the Campbell County School | | | | | | |
| Signatu | re of Service Provider Date | _// | | | | | | |
| ⇔Adm "I h | inistrator/Supervisor Certification | and have found them to be within the Campbell County School ved and/or job completed and payment is authorized." | | | | | | |
| Signatu | re District Administrator Date | _// | | | | | | |
| Review | ed and Approved by Human Resources Date | _// | | | | | | |

Note: All 3 signatures are required before payment will be processed

TIME SHEET CAMPBELL COUNTY SCHOOL DISTRICT

| NAME: | LOCATION: | LOCATION: | | |
|-------------|-------------------------------------|-----------|--|--|
| SS#_XXX-XX- | Or program number) PERIOD END DATE: | | | |

BUDGET CODE:

PAY RATE PER HOUR: \$____

INSTRUCTIONS:

If you are providing services for an hourly fee, please complete both sides (timesheet and invoice). Make sure you have signed both sides then give form to your supervisor for their signatures on both sides. Form should be returned to CCSD / ESC - Admin Assnt Fed Programs. Call 687-4545 if you have any questions.

(To be filled in by CCSD Admin Assnt Federal Programs.)

| | SAT | SUN | MON | TUES | WED | THURS | FRI | TOTAL |
|----------------|-----|-----|-----|------|-----|-------|-----|-------|
| DATE | | | | | | | | |
| HOURS | | | | | | | | |
| DATE | | | | | | | | |
| HOURS | | | | | | | | |
| DATE | | | | | | | | |
| HOURS | | | | | | | | |
| DATE | | | | | | | | |
| HOURS | | | | | | | | |
| DATE | | | | | | | | |
| HOURS | | | | | | | | |
| TOTAL HOURS | | | | | | | | |

Signature

Date