

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