

**GRANT PARISH SCHOOL BOARD
CONTRACTED SERVICES**

Type of Service (Be Specific) _____ Job Site/Location _____ Hourly Rate of Pay _____
 Month/Year: _____

Date	Time In	Time Out	Lunch/Break	Hours	Amount
TOTALS: # HOURS					AMOUNT

Name of Payee: _____
 Signature of Payee: _____ Employee ID# _____

FOR OFFICE USE ONLY

PAYMENT APPROVED BY: _____ SUPERVISOR: _____ DATE: _____ CHARGE CODE: _____
 (MUST BE PRINCIPAL'S SIGNATURE IF ORIGINATING FROM SCHOOL)