

# GRANT PRAISH SCHOOL BOARD

## PAYMENT TO INDIVIDUAL FOR SERVICES

Not **employee**---they must be paid through central office payroll.

Date \_\_\_\_\_

School \_\_\_\_\_

Vender Name \_\_\_\_\_

SSN or Tax ID # \_\_\_\_\_  
(must have this or you must withhold taxes)

Address \_\_\_\_\_

Phone \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_

Check Date \_\_\_\_\_

Service Performed \_\_\_\_\_

Bookkeeper \_\_\_\_\_

Principal \_\_\_\_\_

Document must be completed prior to payment. Information must be furnished to comply with IRS reporting requirements. **Attach copy of check and invoice to this and submit to business office weekly.**