

# GRANT PARISH SCHOOL BOARD

## PAYMENT TO INDIVIDUAL FOR SERVICES

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

Date \_\_\_\_\_

School \_\_\_\_\_

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