GRANT PARISH
PUBLIC SCHOOLS

Contracted Services Form

Service time and payment record

Type of Service (Be Specific) _____

Month / Year _____

Hourly Rate of Pay _____

Job Site / Location _____

School / Department _____

Date	Time In	Time Out	Lunch / Break	Hours	Amount

Totals **# Hours** _____ **Amount** _____

PAYEE INFORMATION

Name of Payee _____

Signature of Payee _____

Employee ID # _____

PAYMENT APPROVAL

Payment Approved By _____

Supervisor _____ Date _____

Must be principal's signature if originating from school

FOR OFFICE USE ONLY

Revised 07/2013

Date _____

Charge Code _____