

Check for Services
HAMBURG PUBLIC SCHOOLS

DATE

MAKE CHECK PAYABLE TO:

NAME: _____

ADDRESS: _____

SOCIAL SECURITY # _____

**(Must be filled in for services rendered and a
W-9 must be filled out and attached)**

Date (s) of Service: _____

Description of Service:

TOTAL AMOUNT DUE: \$ _____

BUDGET UNIT:

Fund	Function	Location	Program	Subject	Account #
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(One budget unit per invoice. Use additional page, if necessary.)

SUPPORTING DOCUMENTATION FOR EXPENSES MUST BE RETURNED TO CENTRAL OFFICE.

Signature of Principal/Supervisor

ALL SPACES MUST BE FILLED IN FOR PAYMENT TO BE MADE.