



RAYMONDVILLE INDEPENDENT SCHOOL DISTRICT

UIL Event Payment Voucher

EVENT INFORMATION

(Please note that failure to fill in ALL information will delay your payment.)

Date of Event _____ Event Location _____

Employee Contracted Individual

Grade Level Elementary Middle School High School

Event 1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

EVENT OFFICIAL

Name (Print) _____ Social Security Number _____

Email Address _____ Phone Number _____

Mailing Address _____

Do you have a current **W-9** filed with the Business Office? Yes No N/A (District Employee)

(If you answered "No" you will need to fill one out with the Business Office—call 956-689-8175. Please note that failure to have a W-9 on file will result in a delay in payment.)

Job Performed _____

Signature

Date

******Please ensure that you attach supporting documentation such as: an event calendar/agenda, sign-in sheet, etc.******

FOR OFFICE USE ONLY

Date Submitted For Payment _____

Purchase Order No. (if applicable) _____

_____ X Rate _____ = \$ _____

_____ X Rate _____ = \$ _____

Total Pay \$ _____

I certify that the above expenditure is a necessary obligation of this organization: _____

UIL Coordinator Approval

Date

Fund code: _____