

PUYALLUP SCHOOL DISTRICT #3
ATTN: Accounts Payable
PO BOX 370
PUYALLUP, WA 98371



REQUEST FOR PAYMENT – INDEPENDENT CONTRACTOR
For Services Rendered

Name of Independent Contractor

Current Date

Address

Purchase Order #

City State Zip

Amount of Claim

Dates of Services

Location Services Rendered

Describe in detail services rendered. If claiming reimbursement for expenses, itemize below and attach receipts.

Independent Contractor Certification: I hereby certify under penalty of perjury that this is a true and correct claim for services rendered by me as an Independent Contractor and that no payment has been received by me on account thereof.

Independent Contractor Signature

FOR DISTRICT USE ONLY:

District Certification: I hereby certify under penalty of perjury that this is a true and just claim for services rendered in accordance with the Contractual Services Agreement on file.

Budget Manager Approval or
Activity Advisor (*for ASB*)

Date

Budget Code OR ASB Club to be Charged

Student Approval (*ASB Only*)

Date