Receipt of Payment for Non-Employee Contract Services Provided to the Lafayette Parish School Board

School Name:	
Event:	Date:
Service Performed:	
Name of Payee:	
Address:	
SS#: (One time only to keep on file)	
Hourly Rate	\$
Hours of Service	
Amount of Payment	\$
Check # (IF APPLICABLE)	

Signature of Person Receiving Payment

Signature of Person Distributing Payment

THIS FORM SHOULD BE ATTACHED TO THE CHECK REQUEST IF A CHECK IS WRITTEN IF CASH IS PAID, THE FORM SHOULD BE ATTACHED TO THE TICKET SALES REPORT GATE.