EAST SIDE UNION HIGH SCHOOL DISTRICT

STATEMENT OF SERVICES RENDERED										
TO:	TO: BUSINESS SERVICES									
FROM	[:		Dept.			Ext.				
		School/	Dept.							
RE: CONTRACT/P.O. NO.										
Please issue check payable to the following Contractor for services rendered:										
Name of Contractor										
Address										
City ST Zip										
SSN or TAX I.D. No.										
Description of Services Completed:										
Date(s) of Service:										
BUDGET CODE:										
FD	STE	PRG	GOAL	FUNC	OBJT	RESC	Y	MGR	PAYMENT AMOUNT	INVOICE NO.
TOTAL PAYMEN								MENT		
Final C	Contra	ct Paym	ent? YES	NO)					
APPROVALS: *Contractor Da								Date		
Program Manager										
Business Services										
*Contractor's signature and/or invoice required										
WHITE/YELLOW: Business Office PINK: Site/Department GOLD: Contractor										

3002-22 (mdc 7/01)