

Springfield Public Schools
Springfield, Massachusetts

Consultant Invoice Form
(For payment of services)

Please Print:

Name and Address the check should be made out to:

Social Security # or FID # _____ *

Consultant Signature _____

Title of Workshop: _____

Date(s) of Presentation: _____

Location of Presentation: _____

Program Directors Signature _____ Date _____

Business Office Signature _____ Date _____

Amount Due: _____ PO # or VA-17 #: _____

*(If a first time consultant/vendor, a W-9 form needs to be completed and on file. Please call the Business Office @ 750-2212 for a blank form.)