

# SERVICE INVOICE

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR:

DATE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

PAYMENT RECEIVED:  By Mail  Direct Deposit  Pick Up At District Office

**Original class waiver must be attached to verify enrollment.**

Class # _____	Name _____
Cost of Class	\$ _____
Cost less \$ ___ Admin Fee	\$ _____
# of Participants (Full Enrollment)	_____
Paid by Full Participants	\$ _____
# of Participants (Discounted Enrollment)	_____
Paid by Discounted Participants	\$ _____
(Add \$ from Full & Discounted Enrollment Participants to get Total)	
Total	\$ _____
Contractor % (Example: 65%)	_____ %
(Multiply Total and Contractor Percentage to get Amount Due to Contractor)	
<b>Amount Due to Contractor</b>	\$ _____

Class # _____	Name _____
Cost of Class	\$ _____
Cost less \$ ___ Admin Fee	\$ _____
# of Participants (Full Enrollment)	_____
Paid by Full Participants	\$ _____
# of Participants (Discounted Enrollment)	_____
Paid by Discounted Participants	\$ _____
(Add \$ from Full & Discounted Enrollment Participants to get Total)	
Total	\$ _____
Contractor % (Example: 65%)	_____ %
(Multiply Total and Contractor Percentage to get Amount Due to Contractor)	
<b>Amount Due to Contractor</b>	\$ _____

**Total payment due to the Contractor : \$ \_\_\_\_\_**

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

## FOR DISTRICT USE ONLY

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Account to be Charged