SAN JUAN ISLAND SCHOOL DISTRICT

REQUEST FOR PAYMENT

This is a request for payment to _____

Printed Name of Person Providing Services

for _____

Description of Services Provided

on _____

Date

At _____ ,

Activity or Event

a San Juan Island School District sponsored event.

Payment is requested in the amount of $ _____ (per event).

_____   _____

Signature of Service Provider   Date

_____

Mailing address

_____

City   State   Zip

_____   _____

Supervisor Signature   Date   Account Code