ANOKA-HENNEPIN SCHOOLS
EDUCATIONAL SERVICE CENTER

INVOICE FOR SERVICES COMPLETED PURSUANT TO CONTRACT

This invoice is used to process payments to Individuals/Independent Contractors providing services to the District and who are sole practitioners or are otherwise not affiliated with a company.

Payment for services to be submitted AFTER services have been rendered.

------------- To be completed by Individual / Service Provider---

As an individual service provider, you must indicate your Social Security Number as indicated below. The school district is required by law to report Form 1099 to the IRS if you received payments of $600.00 or more in a calendar year.

Service Provider Name : _____
(First, Middle, Last)

Social Security Number: _____

Address to remit payment to: _____
Daytime Phone Number: _____
Email Address: _____

Pursuant to contract Service Provider is being compensated per the following rate:									
$	Hour☐	Day☐	Week☐	Month☐	Event☐	Class☐	Term☐	Session☐	Performance☐
$	Flat Fee is being paid to Service Provider as all services have been rendered pursuant to contract.								
$	Other Rate (Add Description):								
$	Mileage *(If Applicable)*:								

Total Amount Due Per Service Date Based on Rate indicated above	Date(s) Services Provided	Description of Services Provided
$		
$		
$		
$		

Signature of Service Provider: _____ Date: _____

-------------- To be completed by School/Site---

Total Amount Due to Service Provider: $ _____   _____
Budget Code

Payment is pursuant to Contract # _____   Effective Date of Contract: _____
(Date signed by AH11)

_____   _____
Signature of Principal/Supervisor/Director   Date   Print Name