



# 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 \_\_\_\_\_