

INDEPENDENT SCHOOL DISTRICT 196
 Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 704.2.2.2P Adopted June 2007 Revised January 2017

Title Check Request – Independent Contractor/Consulting Services

To: **Accounts Payable**

Vendor #: Note: Cannot be Employee ID

Vendor Name: _____ Vendor phone: _____
PRINT Legal Name (first, middle initial, last)

Address _____ City _____ State _____ Zip _____

Invoice #:

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Amount Due: _____

Invoice Date: _____

Activity/Service: _____
ATTACH any supporting documentation including, dates, rate & units/hours

Units: _____ Rate/Unit: _____

Date Performed: _____

For Interpreting Services:	Student: _____	DOB: _____
	<small>PRINT Legal Name (first, middle initial, last)</small>	
	Staff Member: _____	Language: _____
	School: _____	Grade: _____ Disability: _____

Certification:	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number; 2. I am not subject to backup withholding due to failure to report all interest or dividends, and 3. I am a U. S. citizen, or am authorized to work in the U.S. 4. I am exempt from the Foreign Account Tax Compliance Act.
Signature of Independent Contractor	Social Security/Taxpayer ID # (required) _____ Date _____

Fund - Org - Prg - Fin - Obj - Crs	Amount	Verified

Approved By: _____
(Principal/Authorized Administrator - original signature only) Date

Special handling instructions to AP: _____	Mail directly to vendor? _____
Date needed by: _____	at: _____
Return check to: _____	at: _____
<small>Procedure/704.2.2.2P/1-17-17</small>	