

GILMER INDEPENDENT SCHOOL DISTRICT

Contract Labor Form

Name: _____ SS# _____ - _____ - _____

Address: _____

City, State, Zip Code: _____

Date(s)* of Service: _____

*For multiple dates, an invoice or itemized list of dates and hours worked must be attached to this contract labor form.

Description of Service Provided:

No. Hours _____ @ \$ _____ /Hour = Amount: \$ _____

No. Miles _____ @ \$ _____ /Mile = Amount: \$ _____ (Athletic Officials)

Flat Rate Fee = Amount: \$ _____

Total of amount due: \$ _____

By signing below, I (Vendor) verify that the compensation requested above is for services that I have fulfilled completely.

Vendor Signature

Date

I verify that these services were provided and I authorize the Gilmer ISD Business Office to process payment for these services.

GILMER ISD APPROVAL SIGNATURE: _____

DATE: _____

GILMER ISD BUDGET MANAGER: _____

DATE: _____

Budget Code: _____

If check is requested prior to service date, please enter date that check is needed _____ The vendor **MUST** sign the Contract Labor Form for the check to be released and the form **MUST** be returned to the Business Office the following day.