***CONSULTANT / INDEPENDENT CONTRACTOR INVOICE***

**INSTRUCTION:** THIS FORM IS TO BE COMPLETED BY THOSE INDIVIDUALS WHO PROVIDE SERVICES TO THE MERRICK UPSD UNDER A CONSULTANT SERVICE CONTRACT. CONSULTANTS SHOULD SUBMIT AN INVOICE ON COMPANY LETTERHEAD UPON COMPLETION OF THE SERVICES, HOWEVER THIS FORM MAY BE ALSO BE COMPLETED AND SUBMITTED AS AN INVOICE. COMPLETED INVOICES SHOULD BE SUBMITTED TO THE MERRICK UPSD BUSINESS OFFICE.

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DATE** | **SERVICES PROVIDED** | **HOURS WORKED** | **AMOUNT CHARGED** |
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| SIGNATURE | DATE |
| ADMINISTRATOR APPROVAL | DATE |
| ASST SUPERINTEDENT FOR BUSINESS &TECHNOLOGY | DATE |

ACCOUNTS PAYABLE USE ONLY

PO#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL PAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_