HAYS CISD INVOICE FOR SERVICES

Hays CISD requires this form to be completed in its entirety before payments will be made for services rendered. IRS Form W-9, Request for Taxpayer Identification Number and Certification must be on file with HCISD Division of Business & Operations. Please visit www.hayscisd.net to complete the vendor self-serve on-line registration. There you will attach your IRS Form W-9.

PLEASE NOTE: ALL Invoices for services must have a Contract on file with the Purchasing Department.

I certify Contract _____ is on file with HAYS CISD Purchasing Department
Contract Number

Name: _____ Last 4-digits of SSN: _____

Address: _____
Address, City, State, Zip Code

Email: _____ Phone: _____

I certify that I have rendered services for Hays CISD as follows:

Position/Event: _____

Payment due for services:

Date Worked	# Hours Worked	Hourly Rate	Daily Total	Date Worked	# Hours Worked	Hourly Rate	Daily Total
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00				$ 0.00
			$ 0.00	**Total Due**			$ 0.00

I further certify I am NOT an employee of Hays CISD.

_____ _____
Signature Date

Campus/Department Approval

I certify that this is a fair and reasonable charge for the services provided; I have reviewed the budget for this event; all background check/fingerprint requirements have been met, and there are no conflicts of interest that may arise from this payment.

_____ _____
Signature - District Event Sponsor Date Printed Name - District Event Sponsor

I certify this is a fair and reasonable charge for the services provided; I have reviewed the budget for this event; all background check/fingerprint requirements have been met, and there are no conflicts of interest that may arise from this payment.

_____ _____
Signature - Principal/Director Date Printed Name - Principal/Director

RFC or PO Number: _____ Secretary Initial: _____

Revised 11/04/2020