

## SCHOOL ACTIVITY FUND STANDARD INVOICE

<b>School</b>	Grant County High School
<b>Activity Account</b>	

<b>Date</b>	
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<b>Vendor's Name</b>	Y	N	<b>Are you an employee of this school district</b>
<b>Address</b>	_____		
<b>Phone</b>	_____		
<b>Fax</b>	_____		
<b>FEIN or Social Security No.</b>	_____		

Date Duties Performed	Description of Duties Performed		Total Cost
<b>Total</b>			

<b>Vendor's Certification</b>
I hereby certify that the above is a correct statement of amount due from the above named school for articles furnished or services rendered as itemized.
_____
<b>Vendor Signature</b>

<b>Vendor Employee Certification</b>
I hereby certify that I am <u>NOT</u> a current employee of the Grant County Board of Education in either a full or part-time status.
_____
<b>Vendor Signature</b>

**\*If this is the first time you have worked at GCHS please fill out the W-9 on the back\***

**Approval for Payment**

\_\_\_\_\_  
Sponsor

**Amount Paid:** \_\_\_\_\_

\_\_\_\_\_  
Principal

**Date Paid:** \_\_\_\_\_

**Check No.:** \_\_\_\_\_

\*Form to be used any time invoice not provided  
\*For use with check refunds\*