

## Employee Certification

This certification must be attached to each purchase order / standard invoice that is initiated from District or School Activity funds which are intended to pay an individual for services rendered.

I certify that I am NOT a current employee of the Grant County Board of Education in either a full or part-time status.

o Print Name: \_\_\_\_\_

o Date: \_\_\_\_\_

o Signature of Payee: \_\_\_\_\_

o Full Address: \_\_\_\_\_

\_\_\_\_\_

o Phone # \_\_\_\_\_

o SSN# \_\_\_\_\_ \* REQUIRED FOR PAYMENT \*

o Amount of Payment \$ \_\_\_\_\_

o Duties Performed Date: \_\_\_\_\_

\*Note -- If the payee is an employee of the Grant County Board of Education the payment MUST be processed through Central Office Payroll.