

INVOICE FOR SERVICES

ST CLOUD AREA SCHOOL DISTRICT 742
1201 SO 2ND ST
WAITE PARK MN 56387

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE _____
SOCIAL SEC # _____

Are you a District 742 employee?
Yes _____ No _____

Have you completed a Direct Deposit form?
Yes _____ No _____

NOTE: Payment will not be made until direct
deposit information has been received.

Please do not write in this area Vendor _____ AMT _____ ACCT # ____ - ____ - ____ - ____ - ____ - ____
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SERVICES RENDERED

SPORT EVENT _____
SITE _____
DATE _____

LEVEL _____
What services? _____

PLEASE PRINT CLEARLY!!!

Revised 08/31/18 DC/be

Claimant Signature