

CRESCENT SCHOOL DISTRICT 313

PROFESSIONAL SERVICES

TIMESHEET / INVOICE

NAME:	
MAILING ADDRESS:	
PHONE #:	
EMAIL:	

DATE	ACTIVITY	TIME		TOTAL HOURS	TOTAL MILES
		START	TIME END		
TOTAL:					

I, THE UNDERSIGNED, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE LABOR PERFORMED AS DESCRIBED HEREIN IS A JUST DUE AND UNPAID OBLIGATION AGAINST THE CRESCENT SCHOOL DISTRICT.

SIGNATURE: _____ DATE: _____

Please sign and return this form to Crescent School District, Accounts Payable, PO Box 20, Joyce, WA 98343, or fax to: (360) 928-3066, Attn: Accounts Payable.

OFFICE SECTION	
HOURS: _____	X RATE: _____ = \$ _____
MILES: _____	X RATE: _____ = \$ _____
TOTAL: _____	
APPROVED: _____	