LA VEGA INDEPENDENT SCHOOL DISTRICT
CONTRACTED SERVICES

AUTHORIZATION TO PAY

Consultant's Name: _____ SSN: _____

Campus: ☐ LVPS ☐ LVE ☐ LVIS – HP MILES ☐ LVJH – GEORGE DIXON

☐ LVHS ☐ MAINT ☐ ADMIN

DESCRIPTION OF SERVICE (S)

DATES	TYPE OF SERVICE TO BE RENDERED	RATE OF PAY	SUB-TOTAL
		TOTAL	

I understand that all services must be complete before a stipend is paid. I also understand that this form must be received by the payroll office no later than the payroll cut-off date. This date varies from month to month. Please check with the campus secretary or the payroll office for the payroll cut-off dates.

Consultant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Account to be charged: _____

Central Administration Approval: _____ Date: _____