



Athletic Official Payment for Services Check Request

Print Name:

Last Name

First Name

Middle Initial

Street Address:

City, State, Zip Code:

Phone Number:

SSN (Social Security Number):

Are you an Employee of the Fort Mill School District? Yes No

Signature:

Date:

Payment Request for Services Rendered:

Event:

Event Date:

School:

Type of Service:

Payment Amount:

Account Number:

Admin Approval:

Date:

Payment will be made after services have been rendered. It is the responsibility of the service provider to report all income and pay all taxes due. Employees of Fort Mill School District will be paid through payroll.

Revised 10/5/18