



Non-Employee 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