



PASCO SCHOOL DISTRICT NO. 1

1215 West Lewis Street • Pasco, WA 99301-5472 • (509) 543-6700

CONSULTANT CLAIM FOR SERVICES RENDERED

Name of Consultant

Date

Address

\$
Amount of Claim

City State Zip

DESCRIBE IN DETAIL SERVICES RENDERED:

CERTIFICATION:

I hereby certify under penalty of perjury that this a true and correct claim for services rendered by me as an independent contractor and that no payment has been received by me on account thereof.

Consultant's Signature

DISTRICT CERTIFICATION:

I hereby certify under penalty of perjury that this is a true and just claim for services rendered in accordance with the stipulated agreement on file.

Budget Code

Administrator's Signature

Business Manager's Signature