



Berea City School District
EXCELLENCE • INTEGRITY • PURPOSE
Serving Berea, Brook Park and Middleburg Heights

390 Fair Street, Berea OH 44017 * 216.898.8300

SERVICE CONTRACT For Events Other Than Athletics

YOU MUST HAVE A W9 FORM ON FILE WITH THE TREASURER'S OFFICE BEFORE PAYMENT CAN BE PROCESSED

INDIVIDUAL RENDERING SERVICE (PLEASE TYPE OR PRINT)

Name:

Address / City / State / Zip:

Are you a BCSD Staff Member? YES NO

DESCRIPTION OF SERVICE

Describe the services performed.

These services were rendered for what BCSD Group or Activity?

COMPENSATION

Date of Service: Start Time of Service: End Time of Service:

Total Hours Worked: Agreed Upon Compensation for This Services: \$

OTHER INFORMATION

SIGNATURE OF INDIVIDUAL RENDERING SERVICE

Date: _____

AUTHORIZATION. The undersigned hereby certify that the above listed service was performed on the date indicated by the individual listed.

BCSD Authorized Representative Signature

Printed Name of BCSD Authorized Representative

APPROVAL TO PAY:

Treasurer's Signature

Date: _____