

*Oregon School District*  
*Professional Service Payment Request-Employee Use*

This contract agreement is between \_\_\_\_\_ and the Oregon School District.

**Service Description**

Description of Service:

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Date(s) of service of contract: \_\_\_\_\_

Please indicate your choice of payment for the above contracted services, subject to the terms below:

- \_\_\_\_\_ A. Four equal payments (this is only an option for year-round positions);  
\_\_\_\_\_ B. One payment at the end of the service performed;  
\_\_\_\_\_ C. Monthly payments during the term of the contracted services; or  
\_\_\_\_\_ D. Payment via regular payroll during the term of the contracted services.

If you are an hourly employee or option C or D is checked, then you must submit bi-monthly timesheets to Employee Services in the District Office before payment can be made. Payments will be made by direct deposit. The balance of this contract will be paid within 30 days upon completion of the contracts services and all related check-out procedures.

**Payment Information**

Total Amount to be paid: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Professional Service Provider Information**

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I agree to the terms above: \_\_\_\_\_ Date: \_\_\_\_\_

**Oregon School District Approval**

Initiated By (Employee Name): \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Business Manager/Superintendent Approval: \_\_\_\_\_ Date: \_\_\_\_\_

The Oregon School District does not discriminate on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability.