

EAST CLINTON LOCAL SCHOOLS

97 Astro Way
Sabina, OH 45169

SERVICE VOUCHER

_____ BOYS _____ GIRLS _____ Varsity _____ JV _____ Freshman _____ Middle School

_____ Baseball _____ Football _____ Tennis _____ Wrestling
_____ Basketball _____ Golf _____ Track _____ Other Event
_____ Cross Country _____ Softball _____ Volleyball

Month	Day	Year	Time	School Site

_____ Game Official
_____ Police Official
_____ Other _____

Since you are an individual contractor you are required to provide the following information per Ohio Revised Code, Section 3121.89

Name: _____

Address: _____

Social Security #: _____

Date of Birth: _____

Contract Amount: _____

Under penalties of perjury, I hereby certify that the information provided above is correct

No check will be issued in payment of services until this completed form is received in the East Clinton Central Office.

_____ _____ _____
Contract Person School Official Superintendent