

Beaufort County Schools
Contracted Services Request for Payment

Name: _____
(Print) (Signature)

Social Security Number (Last 4 digits ONLY) : _____

Address (if new or changed): _____

Phone: _____

Email: _____

Date of Service: _____

Service Performed: _____

Location: _____

Event: _____

Hours Worked: _____

Beaufort County Schools Central Services will mail checks within 5 business days of receipt of the form.

For School Use Only	
Account Code: _____	
Amount: _____	Vendor Number: _____
_____ Athletic Director Signature	_____ Date
_____ Principal Signature	_____ Date

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT

 FINANCE OFFICER DATE