INVOICE TO ➡ **SOUTH BEND COMMUNITY SCHOOL CORPORATION**

737 BEALE STREET, SOUTH BEND, IN 46616 574-393-6000

PAYROLL PURCHASE ORDER

DISTRIBUTION:	**PO DATE:**
PO #: (must appear on all invoices)	

VENDOR #:	**INVOICE DATE:**	**INVOICE #:**	**ACCOUNTING CODE:**

TO: South Bend Community School Corporation	**CLAIM #:** (must be properly itemized, show kind of service, where performed, dates of services, rate per day/event/hour, number of hours, price per foot/yard/pound, etc.)

SHIP TO:

ALL SHIPPING CHARGES MUST BE PREPAID

(charges incurred due to misdirected shipments will be charged to the vendor)

Tax Exempt #: 35-1076622

ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	PRICE TOTAL
	SBCSC employee to be paid by payroll **for:** _____ on **date(s)**: _____ for the following **services provided:** _____ _____. **For:** Name: _____ Address: _____ City, State, Zip: _____ Employee ID #: _____			

I HEREBY CERTIFY THAT THE FOREGOING ACCOUNT IS JUST AND CORRECT AND THAT THE AMOUNT CLAIMED IS LEGALLY DUE AFTER ALLOWING ALL JUST CREDITS, AND THAT NO PART OF THE SAME HAS BEEN PAID. The undersigned agrees by accepting this purchase order that it is a condition of doing business with South Bend Community School Corporation that the undersigned may not discriminate against any employee or agent for employment with regard to any of the terms and conditions of employment and shall not in any manner discriminate against any person on the basis of race, creed, color, sex, national origin, or age, and further, that the undersigned shall comply with all procedures adopted by SBCSC in order to implement its policies with regard to discrimination against persons.

Employee Signature: _____ Date:_____

Audited by (print name): _____ Auditor Signature & Date: _____

Approved by (print name): _____ Approver Signature & Date: _____

Purchasing:_____ Title: _____

APPROVED BY STATE BOARD OF ACCOUNTS FOR SOUTH BEND COMMUNITY SCHOOL CORPORATION