

CONTRACT SERVICES INVOICE

USE THIS FORM FOR ALL HOURLY TEMPORARY/SEASONAL SERVICES

PLEASE NOTE: W9 MUST BE COMPLETED AND ATTACHED FOR ALL NEW VENDORS

TO: CISCO COLLEGE
 101 COLLEGE HEIGHTS
 CISCO, TEXAS 76437
 254-442-5000

FROM:

<NAME
 <ADDRESS
 <ADDRESS
 <CITY, STATE, ZIP
 <PHONE#
 <SOC SEC NUMBER

BUDGET NUMBER	DEPARTMENT	DESCRIPTION OF SERVICES	PAYMENT TERMS
			BI-WEEKLY

	HOURS		HOURS
MONDAY		MONDAY	
TUESDAY		TUESDAY	
WEDNESDAY		WEDNESDAY	
THURSDAY		THURSDAY	
FRIDAY		FRIDAY	
SATURDAY		SATURDAY	
SUNDAY		SUNDAY	
SUBTOTAL		SUBTOTAL	

NOTE**PLEASE ATTACH W9 IF NEW VENDOR

TOTALS	
RATE PER HOUR	
PAYMENT DUE	

DATE	
NAME	
SIGNATURE	
APPROVER'S SIGNATURE	