

CONTRACT SERVICES INVOICE

*****USE THIS FORM FOR PROFESSIONAL CONTRACT 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#
 <SOCIAL SEC NUMBER

BUDGET NUMBER	DEPARTMENT	PAYMENT TERMS

DESCRIPTION OF SERVICES
<p>NOTE**IF NEW VENDOR ATTACH W9 FORM</p>

TOTAL
 RATE PER HOUR OR FEE FOR SERVICE
 TOTAL PAYMENT DUE

DATE	
NAME	
SIGNATURE	
APPROVER'S SIGNATURE	