



Oregon School District
Professional Service Payment Request – Non-Employee

This contract agreement is between _____ and the Oregon School District.

Service Description

Description of Service: _____	
Date(s) of service of contract: _____	
Paid:	<input type="checkbox"/> Lump Sum _____
	<input type="checkbox"/> Per Student \$ _____ x # _____
	<input type="checkbox"/> Per Hour \$ _____ /hr
	<input type="checkbox"/> Per Day \$ _____ /day
This contract is for a total of:	<input type="checkbox"/> Hours _____
	<input type="checkbox"/> Days _____

Payment Information

Total Amount to be Paid: _____	Account Number: _____
--------------------------------	-----------------------

Consultant/Company Information

Name: _____	Phone: _____		
Address: _____	City: _____	State: _____	Zip: _____
The Oregon School District requires a completed IRS W-9 Request for Taxpayer Identification Number and Certification before payment will be issued. If you have never worked with the Oregon School District, please download, complete, and submit the W-9 with agreement.			
To download a form, please go to: http://www.irs.gov/pub/irs-pdf/fw9.pdf			
I agree with the terms outlined above: _____		Date: _____	

Oregon School District Approval

Initiated by (Employee Name): _____	Date: _____
Administrator Approval: _____	Date: _____
Business Manager/Superintendent Approval: _____	Date: _____

The Oregon School District does not discriminate on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability.