AP-11-07

WENATCHEE SCHOOL DISTRICT
PO BOX 1767
WENATCHEE, WA 98807-1767

Send this document to Accounts Payable to verify an Independent Contractor Services Agreement.

WORK VERIFICATION FORM

Contractor Name: _____
Please Print Name

DATE	**SERVICE PERFORMED** **Please provide a detailed listing of the work provided and an itemization of your costs.** *IF YOU ARE CLAIMING HOTEL OR AIRFARE OR MEALS PLEASE PROVIDE ORIGINAL ITEMIZED RECEIPTS.*

TOTAL $_____

I request payment of $_____

I, the undersigned, do hereby certify under penalty of perjury that this is a true and correct claim, that the services have been rendered or the labor performed as described herein, and that the claim is a just and unpaid obligation against the Wenatchee School District.

Signature _____Date_____

Address _____

City, State, Zip

For Office Use Only

Approved by:

_____
Principal/Director Signature

Purchase Order No. _____

Date _____