

★ **Cleveland Metropolitan School District**  
Eugene T. W. Sanders, Ph.D.  
Chief Executive Officer

*"The Primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America"*

# Invoice for Services Rendered at Extracurricular Events

Please fill-out and return

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OFFICIAL LICENSE # \_\_\_\_\_

### DESCRIPTION OF SERVICES RENDERED:

<i>CIRCLE ONE:</i>	<i>K-8</i>	<i>JUNIOR VARSITY</i>	<i>VARSITY</i>	<i>EXTRAMURAL</i>
Golf		Meet Manager		Announcer
Volleyball		Official		Scoreboard
Football		Starter		Laborer
Bowling		Security		Scorebook
Basketball		Police		Ticket seller
Wrestling		Umpire		Ticket taker
Soccer		Head Official		Clinician
Baseball/Softball				
Track				
Tennis				
Swimming		Other _____		

BOARD EMPLOYEE YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION: \_\_\_\_\_

EVENT: \_\_\_\_\_

DATE(S) OF SERVICE: \_\_\_\_\_

(Payment for all CMSD Security Officers should be reported in hours)

HOURS WORKED \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_

I hereby certify that the above information is accurate and the above services for which payment is requested have been rendered on days or at times which do not duplicate, in whole or in part, payment by any other state or public agency.

PAYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ . 000000 . \_\_\_\_\_ , 00. 000