EAST SIDE UNION HIGH SCHOOL DISTRICT

STATEMENT OF SERVICES RENDERED TO: **BUSINESS SERVICES** _____ Ext. ____ FROM: ___ School/Dept. CONTRACT/P.O. NO. RE: Please issue check payable to the following Contractor for services rendered: Name of Contractor City ST Zip_____ SSN or TAX I.D. No. Description of Services Completed: Date(s) of Service: **BUDGET CODE:** FD STE **PRG GOAL FUNC OBJT** RESC Y MGR **PAYMENT** INVOICE **AMOUNT** NO. TOTAL PAYMENT Final Contract Payment? YES _____ NO ____ **APPROVALS:** *Contractor Date Program Manager _____ Date____ Business Services Date *Contractor's signature and/or invoice required WHITE/YELLOW: Business Office PINK: Site/Department GOLD: Contractor

3002-22 (mdc 7/01)