

Generic Invoice

Note: Use the IRS Guidelines to obtain the correct NAME and SSN or EIN combination. Then show this information to the right.

DATE

PAY VOUCHER #

NAME AND ADDRESS

SSN or EIN

QTY(HRS)	DESCRIPTION	RATE	TOTAL AMOUNT

TOTAL	
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As indicated by my signature below, I verify that the information on this invoice is accurate and that the services for which I am requesting payment were performed for the sole benefit of the Granite School District.

Service Provider's signature (not the school representative's)

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