Fontana Unified School District

CONSULTANT REQUEST FOR PAYMENT

Today's Date: _____ Site/Dept.: _____

To: Accounts Payable
Fontana Unified School District
P.O. Box 5090
Fontana, CA 92334-5090

Purchase Order No.: _____

From: _____
Consultant Name Address City State Zip

As per written agreement, payment is requested for consultant services.

Description of Consultant Services: _____

_____

Date(s) services were rendered: _____

This claim is for: _____ partial payment ($_____)
_____ final payment ($_____)

_____ _____
Signature of Consultant Social Security No./ Tax I.D. No.

I hereby certify that the above-named consultant has performed services as claimed and is entitled to payment in the amount of $_____.

_____ _____
Signature-Principal/Administrator Date