

# Payment Request for Services

Sparta Area School District

201 E Franklin St, Sparta, WI 54656

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*Instructions:*

- 1. Complete Part A: To be completed by Payee requesting payment and Part B: To be completed by Event Coordinator*
- 2. Attach a completed Form W-9 (if not already on file with the Business Services Office).*
- 3. Turn form(s) in to the building secretary for processing.*

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## Part A: To be completed by Payee requesting payment

Payee Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Payee Signature \_\_\_\_\_

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## Part B: To be completed by Event Coordinator

Date of Service/Event

Services Performed      Athletic Event

Music/Plays

Other

Amount Requested for Services

\_\_\_\_\_ Miles @ \_\_\_\_\_ per Mile (Athletics/Officials Only)

Total Payment Requested

Event Coordinator

Account Number

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## Part C: To be completed by Building Secretary

Requisition/Check Request Entered by \_\_\_\_\_

Date \_\_\_\_\_

W-9 on File

Verified Address