RICHMOND COUNTY SCHOOL SYSTEM PROOF OF SERVICE PROVIDED

, .		
ROVIDERS NAME (COM	1PANY):	
IAME OF EMPLOYEE PR	OVIDING SERVICE:	
DATE:		,
IME IN:	TIME OUT:	TOTAL TIME
	DESCRIPTION OF S	ERVICE PROVIDED
•		
•		
		te and complete except as noted below.
PRINT NAME OF S	ERVICE PROVIDER	PRINT NAME OF BOARD EMPLOYEE
SIGNATURE OF SE	ERVICE PROVIDER	SIGNATURE OF BOARD EMPLOYEE
ventions nated:		
veehrious notea.		
		

THIS SIGNED FORM MUST BE SUBMITTED ALONG WITH THE COMPANY'S INVOICE TO BE PROCESSED FOR PAYMENT