RICHMOND COUNTY SCHOOL SYSTEM
PROOF OF SERVICE PROVIDED

DEPARTMENT/ SCHOOL:_____

PROVIDERS NAME (COMPANY):_____

NAME OF EMPLOYEE PROVIDING SERVICE:_____

DATE:_____

TIME IN:_____ TIME OUT:_____ TOTAL TIME:_____

DESCRIPTION OF SERVICE PROVIDED

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To the best of my knowledge the above information is accurate and complete except as noted below.

PRINT NAME OF SERVICE PROVIDER	PRINT NAME OF BOARD EMPLOYEE
SIGNATURE OF SERVICE PROVIDER	SIGNATURE OF BOARD EMPLOYEE

EXCEPTIONS NOTED:_____

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