



DISTRICT SCHOOL BOARD OF PASCO COUNTY

MIS Form #526
Rev. 7/03

REQUEST FOR PAYMENT FOR PROFESSIONAL
AND TECHNICAL SERVICES RENDERED

Purchase Order No. _____ From: _____

Date _____ Social Security No. _____

I. BRIEF DESCRIPTION OF SERVICES: _____

II. DATE(S) SERVICES PERFORMED: _____

III. COMPENSATION

A. For personnel services . . . (_____ days at \$ _____ per day) \$ _____

B. Travel Expenses* (Not to exceed Board Policy) . . .

Per diem . . . (_____ days at \$ _____ per day) \$ _____

Common Carrier (Name: _____) \$ _____

Mileage . . . (No. Miles _____ X _____) \$ _____

Parking/Tolls . . . (_____) \$ _____

Subsistence . . . (Breakfast, Lunch, Dinner) \$ _____

Miscellaneous** . . . (_____) \$ _____

Ground Transportation . . . (_____) \$ _____

IV. OTHER: _____

_____ \$ _____

TOTAL COMPENSATION DUE . . . \$ _____

* Attach detailed statement for each item or expense. Attach supporting documents such as Common Carrier ticket receipt, or hotel receipt.

** For miscellaneous receipts, attach a statement or receipt.

I certify that the above services have been rendered and expenses have been incurred by me in the normal course of rendering services under terms of the existing Contract referred to above. The total shown is due and payable to me.

Date _____ Consultant _____

Approved for payment:

Date _____ Staff Supervisor _____

Mailing Address for check _____
