

CONTRACTED SERVICES BILLING FORM

INSTRUCTIONS: This document is to be completed and submitted for payment of any contracted services performed not specifically covered by a Purchased Order or formal legal contract. This document must be completed in full and signed by the contractor and the authorizing budget officer.

Payment of contracted services will be made during regular scheduled Account Payable payment process. All payments under Contracted Services are subject to Federal 1099 reporting. If you have been a member of Louisiana Teachers' Retirement System, payment will be processed through the Payroll Department and made according to the scheduled Payroll dates.

CONTRACTOR INFORMATION:

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO.: _____

HAVE YOU EVER BEEN A MEMBER OF THE LOUISIANA TEACHERS' RETIREMENT SYSTEM? YES NO

IS THIS CONTRACT SERVICES BEING PROVIDED UNDER AN ESTABLISHED BUSINESS? YES NO
IF YES, PLEASE PROVIDE YOUR TAX ID NUMBER IN THE SPACE PROVIDED BELOW.

NOTE: This information will be solely used by this company.

SERVICE INFORMATION:

DESCRIPTION OF SERVICE PROVIDED: _____

DATES(S): _____ HOURS(S): _____

PAYMENT INFORMATION:

PAY RATE: _____

OTHER CHARGES: _____ DESCRIPTION: _____

TOTAL TO PAY: _____

CONTRACTOR'S/BUSINESS DESIGNEE'S SIGNATURE _____

CONTRACTOR'S SOCIAL SECURITY NO. _____ OR _____ FEDERAL TAX ID NUMBER

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Approval: _____ FUNDING SOURCE: _____
DEPARTMENT HEAD/BUDGET AUTHORIZATION SIGNATURE

BUSINESS OFFICE USE ONLY: GL# _____ VENDOR: _____
