

INVOICE FOR SERVICES

ST CLOUD AREA SCHOOL DISTRICT 742
1000 N 44 AVENUE SUITE 100
ST CLOUD MN 56303

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE _____
SOCIAL SEC # _____

Are you a District 742 employee?
Yes _____ No _____

Have you completed a Direct Deposit form?
Yes _____ No _____

NOTE: Payment will not be made until direct
deposit information has been received.

Please do not write in this area
Vendor _____ AMT _____
ACCT # _____ - _____ - _____ - _____ - _____

SERVICES RENDERED

SPORT EVENT _____
SITE _____
DATE _____

LEVEL _____
What services? _____

PLEASE PRINT CLEARLY!!!

Revised 01/25/17 AS/be

Claimant Signature