

# Mustang Public Schools Activity Accounts Invoice

Please use this form for all outside presenters not employed by  
Mustang Public Schools

**Activity Fund #** \_\_\_\_\_ **Account**  
**Name** \_\_\_\_\_

**Date of Service** \_\_\_\_\_

**Service performed** \_\_\_\_\_

**Hourly rate \$** \_\_\_\_\_

**Hours worked each day** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip**

**Code** \_\_\_\_\_

I certify the above information is accurate and that I am due payment for this event.

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Sponsor Signature

See reverse side for additional signature requirements ☐

**Payment will be mailed within three business days from the date this form is received at the Activity Fund Office.**