

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 _____ Hourly Rate of Pay \$ _____

Hours Worked _____ Total Amount Owed _____

Service Performed _____

Social Security Number _____

Name _____

Address _____

City _____ Zip Code _____

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

Workers Signature

Sponsor Signature

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