



BILL TO: GREENVILLE PUBLIC SCHOOL DISTRICT
BUSINESS OFFICE
412 S. MAIN STREET
GREENVILLE, MS 38701
PHONE: (662) 334-7011
FAX: (662) 334-38701

ATHLETIC EVENT INVOICE

DATE OF EVENT: _____

TYPE OF EVENT: _____

NAME: _____

MAILING ADDRESS: _____

CITY, STATE: _____ ZIP CODE _____

CONTACT NUMBER: () _____

SOCIAL SECURITY# _____ OR TAX ID# _____

ASSIGNMENT: ___ OFFICIAL () Certified () Approved () Recognized

___ Chain Crew

___ Clock Operator

___ Security

___ OTHER: _____

Rate of Pay \$ _____ per game/event

Start Time: _____ End Time: _____

Signature: _____ Date: _____

To be completed by GPSD Personnel

Invoice Amt: _____

Purchase Order # _____

Program Director _____ Date: _____