



SHONTO PREPARATORY SCHOOLS
PO Box 7900, East Hwy 160 and 98
Shonto, AZ 86054
Telephone (928) 672-3500



**CONSULTANT, PROFESSIONAL SERVICES and STIPEND
 PAYMENT REQUEST**

DATE: _____ DEPARTMENT: _____

Vendor Name: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Tax ID# or SSN#: _____

Date(s) of Service Provided: _____

Description of Services: _____

NOTE:
 New Vendor: W-9
 New Vendor Form
 If non-company vendor, please be sure that the individual provides their legal name (first/last).
 Open PO# _____
 Other: _____

FEES FOR SERVICES PROVIDED:	Explanation, if needed
INCIDENTAL: _____	_____
MEALS: _____	_____
LODGING: _____	_____
MILEAGE: _____	_____
STIPEND: _____	_____
OTHER _____	_____
 TOTAL AMOUNT DUE: _____	

I certify that the information above is a true and correct statement. Any discrepancy or error is a mistake and can be corrected by the business office staff using applicable and relevant information. I understand that my final payment request may change from the original submittal.

 Vendor Name (please print and sign)

 Date

I approved the payment request for processing.

 Department Supervisor Signature (please print and sign)

 Date