



CONROE INDEPENDENT SCHOOL DISTRICT
Fine Arts Payment Request Form

Campus/Department _____

Date / Type of Event: _____

Service Provider (check one):	Budget Code	OFFICE USE ONLY
Adjudicator	Vendor Name: _____	
Speech/Debate	Address: _____	
Theatre	City: _____ Zip: _____	
Clinician	Email Address: _____	\$
Accompanist	Phone: _____	
Other (Specify below)	TOTAL TO BE PAID	
<p>TERMS & CONDITIONS This form may be used for payment not to exceed \$1000 per day, not to exceed \$3,499, including expenses, for the entire event. I understand and agree that I, as the service provider, shall be paid the amount set by the District for the activity in which I am participating. I further agree that the terms of this document are non-negotiable and that any attempt by me to modify the terms of the agreement will render this agreement void and the District will not be under any obligation to pay me for services rendered, or any direct, indirect, or consequential damages related to the anticipated performance of this agreement.</p>		

SIGN HERE:	_____ Signature of Service Provider	_____ Date
	_____ Sponsor Requesting Payment(Required for payment) Campus/Dept Level	_____ Date
	_____ Fine Arts Director Approval Admin Level	_____ Date
	_____ Purchasing Approval Finance Approval	_____ Date

Forms Completed:

Form:	Date:	Completed by:
Professional Services Contract:	_____	_____
W-9:	_____	_____
Invoice for Services:	_____	_____