



RIVERSIDE UNIFIED SCHOOL DISTRICT

BUSINESS SERVICES

2019-2020 PAYMENT FOR SERVICES FORM

Employee Name: _____

Employee Number: _____

Amount Paid: _____

Select one:

Athletics

Certificated Account Number: 03- _____ 0001-1-1610-4200-1941

Classified Account Number: 03- _____ 0001-1-1610-4200-2941

Activities

Certificated Account Number: 03- _____ 0001-1-1611-4000-1941

Classified Account Number: 03- _____ 0001-1-1611-4000-2941

School: _____

Contact at School: _____ Ext. _____

Service Performed: _____

Rate of Pay: _____ Hours: _____ Total Payment: _____

Date(s) Service Performed: _____

Employee Signature: _____ Date: _____

Approved by Principal: _____ Date: _____

Authorized by/Club Officer: _____ Date: _____

Club Officer's Telephone Number: _____

Bill to / Club Name: _____

Address: _____

Fixed Charges at ____: _____ Total Amount Due: _____

Original - Principal / School Bookkeeper

Email - Accounting

_Accounting@riversideunified.org

Copy - Club

Copy - Employee