



BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

CONTRACTED SERVICES

DATE: _____

PAYEE (LEGAL NAME): _____

SOCIAL SECURITY/FEIN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

AMOUNT RECEIVED: _____

DATE RECEIVED: _____

CHECK NUMBER: _____

TYPE OF SERVICE: _____

SIGNATURE OF PAYEE: _____

**IRS Form W-9 is also required for first time contractors with BISD.
Please send Form W-9 to Finance, Attn: Accounts Payable**