

KNOX COUNTY SCHOOLS
Request for Service Payment

Clear

*In order to be paid, you must complete this form.
This information is required each time service is rendered.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Employee # or Social Sec. # n/a

Are you an employee of Knox County Schools? n/a Yes n/a No

Email address: _____

Signature: _____

**A W9 is required to be on file for non-employees of Knox County Schools receiving payment.
As per Knox County Board of Education, all sports officials, contract laborers, etc.
must complete the above information.*

Event Name: AP Exam Date: 5/5/2020

Job Performed: Refund # of exams Full _____ Reduced _____

Amount of Payment: _____ Account: 911.122

(Rate of Pay: N/A For: n/a Hours = n/a KCS Employees only)

Requested by: E. Davenport Sponsor

Approved by: _____ Athletic Director

_____ Principal

BK Signature: _____

Amount of Check: _____

Check # _____