



INDEPENDENT PROVIDER PAYMENT REQUEST

[DO NOT USE THIS FORM FOR NEENAH JOINT SCHOOL DISTRICT EMPLOYEES OR SUBSTITUTES]

Independent Provider's Name:	_____
Address:	_____
City/State/Zip:	_____
Date(s) of Service:	_____
Description of Service:	_____ _____ _____
School/Location:	_____
Signature of Independent Provider:	_____
	(Required)

Hourly Rate \$ _____ x Number of Hours _____ =	\$
-OR-	
Flat fee for services to be paid on ____/____/____:	\$
Mileage:	\$
Other Expenses (i.e. supplies):	\$
TOTAL AMOUNT REQUESTED:	\$

CHARGE TO ACCOUNT NUMBER: _____
(Required)

APPROVED BY: _____
(Principal or Supervisor)

APPROVED BY: _____
(Director or District Administrator)

This form is to be used to request payments to **Independent Providers** (self-employed) who perform a service for the District. This may include athletic officials, judges, clinicians, trainers, tutors, accompanists, speakers, census workers, choreographers, and independent contractors. Do not use this form to pay Neenah Joint School District employees or substitutes.

Providers must have a current **Form W-9** on file. Payment for these services may be subject to federal and state taxes. The Business Office will issue a 1099-MISC Form at the end of the calendar year **if** reportable. The Neenah Joint School District does not withhold taxes for services to Independent Providers.

Copy of the Independent Provider Agreement or contract is attached