

SPRING INDEPENDENT SCHOOL DISTRICT
Performing & Visual Arts Payment Request Form

Campus _____

Service Provider (check one):	Budget Code:	OFFICE USE ONLY
<input type="checkbox"/> Adjudicator	Name Printed: _____	
<input type="checkbox"/> Speech/Debate	Address: _____	
<input type="checkbox"/> Director Clinician	City: _____ Zip: _____	
<input type="checkbox"/> Clinician	Staff ID # (Employees only): _____	
<input type="checkbox"/> Accompanist	Phone: _____	\$
		TOTAL TO BE PAID
TERMS & CONDITIONS		
When services are being provided during school day, provider must check in with the Campus front office for required campus access processing.	This form may be used for payment not to exceed \$1000 per day, not to exceed \$2,999, 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.	

DATE	Time In	Time Out	Rate/ Hour	Total

Travel Reimbursement Guidelines:

Travel will be reimbursed only if pre-authorized by Spring ISD Administrator

1. Reimbursement request should be submitted within 30 days after the expense is incurred.
2. Travel must be pre-approved by the according to board policy and comply with the following guidelines.
 - a. Air travel should be booked with as much advance notice as possible, and should be the lowest coach fare available.
 - b. Room and tax charges for overnight accommodation will be reimbursed only for the duration of the activity, including one day for travel.
 - c. The traveler may request per diem as outlined in GSA Guidelines.
 - d. Mileage will be reimbursed at the IRS standard rate.
3. Receipts, invoices, documentation must be provided with all reimbursement requests, except for per diem

Purpose of Trip:

ITEMIZED EXPENSES							TOTAL
DATE	LODGING	MEALS	AIR FARE	MILEAGE			
				# MILES	RATE	MILEAGE TOTAL	
					0.575		

By signing this form, the submitter certifies that this is a valid and accurate expense, and related specifically to the purpose.

SIGN HERE: _____
Signature of Service Provider

Date

SIGN HERE: _____
Administrator Approval (Required for payment)

Date