



BILL TO: GREENVILLE PUBLIC SCHOOL DISTRICT
BUSINESS OFFICE
412 S. MAIN STREET
GREENVILLE, MS 38701
PHONE: (662) 334-7011
FAX: (662) 334-3480

ATHLETIC EVENT INVOICE

DATE OF EVENT: _____

TYPE OF EVENT: _____

NAME: _____

MAILING ADDRESS: _____

CITY, STATE: _____ **ZIP CODE** _____

CONTACT NUMBER: () _____

SOCIAL SECURITY# _____ **OR TAX ID#** _____

ASSIGNMENT: ___ OFFICIAL () Certified () Approved () Recognized
 ___ Chain Crew
 ___ Clock Operator
 ___ Security
 ___ OTHER: _____

Rate of Pay \$ _____ **per game/event**

Start Time: _____ **End Time:** _____

Signature: _____ **Date:** _____

To be completed by GPSD Personnel	
Invoice Amt: _____	
Purchase Order # _____	
Program Director _____	Date: _____