

KNOX COUNTY SCHOOLS
Request for Service Payment

*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. #** _____

Are you a Knox County Employee? _____ **Yes** _____ **No**

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.*

School use only (to be completed by the sponsor of the account): _____

Event Name: _____ **Date:** _____

Job Performed: _____

Amount of Payment: _____ **Account:** _____

(Rate of Pay: _____ **For:** _____ **Hours =** _____ **KCS Employees only)**

Requested by: _____ **Sponsor**

Approved by: _____ **Athletic Director**

_____ **Principal**

BK Signature: _____

Amount of Check: _____

Check # _____