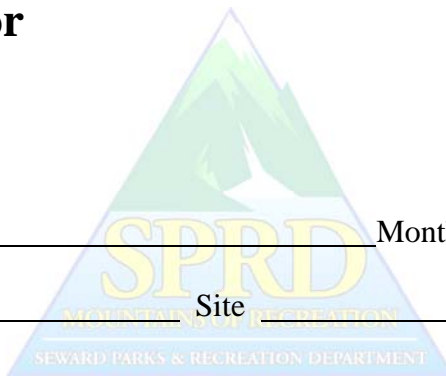


Independent Contractor Verification / Invoice



Contractor's Name _____ Month _____.

Activity / Class _____ Site _____.

| | | | Info/Attendance | |
|----|------|------|-----------------|-------|
| # | Date | Time | Youth | Adult |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |

Office Use Only

Rate of Pay: \$ _____.

Per: _____.

Comments: _____.

_____.

_____ games/matches x \$ _____ = \$ _____.

_____.

_____.

_____.

_____.

Contract #: 2006-_____.

At the end of each month, turn in this completed invoice to Parks & Recreation. Your signature indicates your submission is accurate. Please use pen.

Contractor's Signature

Program Staff Verification Signature

_____ Date ____ / ____ / 06

_____ Date ____ / ____ / 06

Don't Be Rec-less. Recreate Today!