



INDEPENDENT PROVIDER PAYMENT REQUEST

Name:	School/location of service:	
Address:	Date(s) of service:	
Description of service:		
Hourly Rate	\$ _____ X number of hours _____	\$
Flat Fee		\$
Monthly	_____ payments of \$ _____ (payment # _____)	\$
Documentation of time worked needs to be provided and approved by your district supervisor. Attach documentation to this form. Failure to provide documentation may result in non-payment.		\$
Total Amount Requested		\$
<p>The following documents are on file with the Business Office:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independent Provider Agreement or contract <input type="checkbox"/> W9 <input type="checkbox"/> ACH information <input type="checkbox"/> A criminal background check has been completed 		
Signature: _____ Date: _____		

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, choreographers, and independent contractors.

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-NEC Form at the end of the calendar year if reportable. The Neenah Joint School District does not withhold taxes for services to Independent Providers.