



Clarksville-Montgomery County School System  
Facilities Use Invoice Request for Prepay Customers – Rent Only

|                            |  |        |  |
|----------------------------|--|--------|--|
| School/Facility:           |  |        |  |
| Outside Organization Name: |  |        |  |
| Street Address:            |  |        |  |
| City/State/Zip Code:       |  |        |  |
| Organization Contact Name: |  |        |  |
| Phone Number:              |  | Email: |  |

PREPAY CUSTOMERS WILL BE BILLED THE RENTAL FEE ONLY PRIOR TO THE EVENT. ACTUAL AMOUNTS MUST STILL BE COMPLETED ON THE CMCSS FACILITIES USE INVOICE REQUEST (ACC-F006) **REGARDLESS** IF THERE IS A DIFFERENCE IN THE ACTUAL AMOUNT OR PREPAID AMOUNT.

PREPAY CUSTOMERS MUST PAY THE RENTAL FEE AT LEAST 3 DAYS PRIOR TO THE EVENT OR THE EVENT WILL BE CANCELED.

**A copy of the approved Application for Use of School Facilities & Agreement (BUS-F001) MUST be attached to this document in order for the prepay customer to be invoiced.**

Please enter each 'Date of Use' separately and check the box for the time used on that particular day.

| Date(s) of Use | 2 hour<br>minimum<br>(\$200) | Half Day<br>(\$460)<br><i>(over 2 hrs, up<br/>to 5 hrs.)</i> | Full Day<br>(\$920)<br><i>(over 5 hrs, up<br/>to 10 hrs)</i> |
|----------------|------------------------------|--|--|
|                | <input type="checkbox"/>     | <input type="checkbox"/>                                     | <input type="checkbox"/>                                     |
|                | <input type="checkbox"/>     | <input type="checkbox"/>                                     | <input type="checkbox"/>                                     |
|                | <input type="checkbox"/>     | <input type="checkbox"/>                                     | <input type="checkbox"/>                                     |
|                | <input type="checkbox"/>     | <input type="checkbox"/>                                     | <input type="checkbox"/>                                     |
| TOTAL          | \$                           | \$   | \$   |

Signature of Principal or Designee:

Date:

| FOR ACCOUNTING USE ONLY    |  |                |    |
|----------------------------|--|----------------|----|
| INVOICE DATE               |  | INVOICE NUMBER |    |
| GSA002 44120               | Lease/Rentals <i>(Rental fee which includes one custodian)</i> |                | \$ |
| TOTAL CHARGES TO BE BILLED |  |                | \$ |