



Clarksville-Montgomery County Schools  
Contractor / Consultant Invoice (PRD-F014)

Name/Vendor #: \_\_\_\_\_ Purchase Order # \_\_\_\_\_  
Month/Year of Services: \_\_\_\_\_

This form is an invoice that reflects services provided by an independent contractor and not those of an employee.

	Date	Hours	Activity	Location
1				
2				
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29				
30				

Total Hours

Total Payment Due:

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_