



Lincoln Public Schools

Purchasing Department • 5905 O Street • Lincoln, NE 68510 • (402) 436-1750 • Fax (402) 436-1758 • purchasing@lps.org

CONSULTANT/SERVICE PROVIDER INVOICE/CONTRACT (FOR CONTRACTS OF \$600 OR LESS)

Purchasing Department
Lincoln Public Schools
(Substitute IRS Form W-9)

Name: _____
(As reported for Federal Income Tax purposes and matches the number listed below)

Address: _____

(Address must include ZIP code)

Services Rendered: _____
(Music for dance, speaker, consultant, magician, dentist, etc.)

Lincoln Public Schools Contact: _____ Location/Department: _____

Date of Services: _____

Amount Due for Services: _____

Amount Due for Expenses: _____
(Original itemized receipts must be attached)

Social Security Number or Tax-Payer ID Number: _____
(As reported for Federal Income Tax purposes)

Organizational Form:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Not-for-Profit Organization
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> S Corporation	
<input type="checkbox"/> LLC-Classification:	<input type="checkbox"/> S Corp.	<input type="checkbox"/> C Corp.	<input type="checkbox"/> Partnership
		<input type="checkbox"/> Government	

UNDER PENALTIES OF PERJURY, I certify that: (1) the number shown on this form is my correct taxpayer Identification number (or I am waiting for a number to be issued to me) and (2) I am a U.S. Person (including a U.S resident alien).

This is a request for full payment for services rendered as stated above.

Signature: _____ Date: _____

E-Mail: _____ Phone: _____

**Send this form with the top portion completed PRIOR TO RECEIPT OF SERVICE,
along with a properly executed and authorized requisition to the Purchasing Office, Box 37.**

**Send a copy of this completed invoice (signed by LPS administrator) to LPS Accounts Payable, Box 2
AFTER SERVICE IS RECEIVED.**

I certify that the person named above has completed the services as stated. Please pay amount shown as payment in full.

District Representative Signature: _____ Date: _____
(Principal/Administrator/Coordinator)

School/Location Name: _____