



Lincoln Public Schools

Vendor # _____

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

PR0011
Rev. 3/24

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

Purchasing Department
Lincoln Public Schools • Lincoln, Nebraska
(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)

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 any other documentation to your requisition in CORE.**

**Send a copy of this completed invoice (signed by LPS administrator) to LPS Accounts Payable, accounting@lps.org
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: _____