



# Lincoln Public Schools

Vendor # \_\_\_\_\_

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

PR0011  
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## CONSULTANT/SERVICE PROVIDER INVOICE/CONTRACT (CONTRACTS OF \$600 OR LESS)

Purchasing Department  
Lincoln Public Schools • Lincoln, Nebraska

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: \_\_\_\_\_

**Attach 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](mailto: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: \_\_\_\_\_