

## CONTRACT FOR SERVICE

This contract is to be completed and signed for payment to a musician, speaker, or other contractor when there is no invoice. Please submit completed forms to the Finance Department.

### CONTRACT:

SERVICE TO BE PERFORMED: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_

CONTRACT PRICE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**W-9:** (check one)

Attached                       On File

**Certificate of Insurance for Worker's Compensation:** (check one)

Attached                       On File                       I do not have Worker's Compensation Insurance

**CONTRACTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### APPROVED BY:

BCC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account #: \_\_\_\_\_

### OFFICE USE ONLY:

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_