

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

5020 Franklin Drive, Pleasanton, CA 94588

Payment Request – Personal Service

CONTRACT EDUCATON

Date: _____

PAY TO:

Name: _____

Address: _____

City & Zip: _____

"W" Number: _____
(If not known, Social Security Number may be used)

Total Due: \$ _____

Basis of Payment:

Hourly Rate: \$ _____

Total Hours: _____

A: TYPE OF SERVICE

For my service as: Professional Specialist Program Leader
 Lecturer Other _____

B: PROGRAM/COMPANY NAME _____

C: TRAINING TOPIC _____

D: SERVICE RECORD

Date	Hours	# Present	Date	Hours	# Present	Date	Hours	# Present

E: SIGNATURE OF INSTRUCTOR _____

(Do Not Write Below Line - For Office Use Only)

<p><i>Status:</i></p> <p><input type="checkbox"/> Professional Specialist <input type="checkbox"/> Program Leader <input type="checkbox"/> Lecturer <input type="checkbox"/> Other _____</p>	<p><i>Charge to Expenditure Account</i></p> <p>ACCT # _____</p> <p>_____</p>
<p><i>Services rendered as claimed and approved for payment:</i></p> <p>_____ Administrator's Signature Date</p> <p>_____ Administrator's Name (Please Print)</p> <p>_____ (Title or Position)</p>	<p><i>Approved By Board of Trustees</i></p> <p>Recommendation No. _____</p> <p>Date: _____</p>