

# 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  
 Lecturer

- Program Leader  
 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>