

**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT**

**CONTRACTED SERVICES**

DATE: \_\_\_\_\_

CAMPUS/LOCATION: \_\_\_\_\_

PAYEE (LEGAL NAME): \_\_\_\_\_

SOCIAL SECURITY/FEIN: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AMOUNT RECEIVED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_

SIGNATURE OF PAYEE: \_\_\_\_\_

**IRS Form W-9 is also required for first time contractors with BISD.  
Please send Form W-9 to Finance, Attn: Accounts Payable**