

Williston School District 29
12255 Main Street
Williston, SC 29853

Payment Request for
Athletic Officials, Special Security Providers and Other Service Providers

Name: (print) _____

Social Security #: _____

Address: (print) _____

For Service Rendered:

Event: _____ Event Date: _____

School: _____ Type of Service: _____
(Ex. Official, security)

Time in: _____

Time out: _____ Payment Amount: \$ _____

NOTE: A completed W9 form must be on file at the District Office before payment is rendered.

Payee signature: _____ Date: _____

Authorization signature: _____ Date: _____
Principal