

MINNEAPOLIS PUBLIC SCHOOLS

INDEPENDENT CONTRACTOR REQUEST FOR PAYMENT

*New vendors must complete all forms.

- W-9
- Vendor Registration
- Vendor Information/Payment Form

Vendor # _____

New Address

NAME _____ PHONE: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SCHOOL/BUILDING LOCATION: _____ SPORT: _____

*****AN ENTRY MUST BE IN ALL COLUMNS*****

DATE	\$ AMOUNT	DESCRIPTION: Task - Location (ex: Official - Roosevelt vs South at Roosevelt)	
			AMOUNT TO BE PAID

CONTRACTOR (Signature) _____ Date: _____

School Athletics Director: _____ Date: _____

Authorized MPS Approver (Print) _____ Phone: (612) 668-1281

Authorized MPS Approver (Signature) _____ Date: _____

BUDGET	_____
P.O./G-REQ #	_____
VENDOR #	_____