



Educational Service Center
PO Box 519
15510 1st Ave NE
Duvall, WA 98019

Independent Contractor Instructions

**Contract must be approved by the School Board
before services are provided**

1. Complete, sign and date the contract.
2. Complete and sign the W-9 form. (mandatory)
3. Complete the direct deposit form. (optional)
4. Mail/email forms to the following address:

Riverview School District Educational Service Center
Attn: Purchasing
PO Box 519
Duvall, WA 98019

Or

purchasing@rsd407.org

5. Fill out attached invoice after services have been completed and submit to Accounts Payable for payment at the address listed above.

Payment for services will not be initiated until Riverview School District is in receipt of a completed invoice.

Riverview School District #407

PO Box 519 • Duvall, WA 98019 • (425)844-4500 • Fax (425)844-4514

Contract for Independent Contractor

Contractor Name: _____
Same as reported to IRS (Please print or type)

Address: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Services to be provided: _____

Contract Beginning Date: _____ Contract Ending Date: _____

Hourly Rate: _____ Flat Rate: _____

Other Expenses (List): _____

Notice to Contractor: Contractor agrees by signature of contract that services are not to begin until approved. The District must be in receipt of W-9 or unified business identification. Contractor agrees that they are not an employee of the Riverview School District and that they shall remit all withholding taxes as required by law. *Certification Regarding Debarment, Suspension, and Ineligibility:* The Contractor certifies that they are not presently debarred, suspended or declared ineligible by the Federal Government and can fulfill this contract regardless of the funding source. **As part of this agreement between Riverview School District and the contractor, it is agreed that payment for services satisfactorily rendered shall be made available to the contractor within sixty days of receipt of a properly completed invoice. All invoices must include actual hours worked, itemized additional expenses with signed receipts attached and the purchase order number if a purchase order was issued.**

Signature of Contractor

Date

Administrator/Supervisor Approval

Date

ASB Student Approval

Date

Date of School Board Approval



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Accounts Payable Direct Deposit Authorization

I authorize the Riverview School District to initiate accounts payable direct deposits:

Checking Account or Savings Account

Please attach a **VOIDED CHECK** or **SAVINGS ACCOUNT DEPOSIT SLIP** here

OR

Supply the following:

Routing # _____ Bank name _____

Account # _____

Vendor name _____

Signature _____ Date _____

INVOICE

Name _____

Address _____

DATE OF SERVICE	DESCRIPTION - INCLUDE SCHOOL/PROGRAM	TOTAL HOURS	HOURLY RATE	TOTAL

Signature _____ Date _____ Total Due

For Office Use Only

PO # _____
Administrator Signature _____ Date _____