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
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**  ________________________________

**Signature**  ________________________________________  **Date**____________  **Total Due**

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<tr>
<th>DATE OF SERVICE</th>
<th>DESCRIPTION - INCLUDE SCHOOL/PROGRAM</th>
<th>TOTAL HOURS</th>
<th>HOURLY RATE</th>
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**PO #**  ______________________________

**Administrator Signature**  ________________________________  **Date** ________________