



Payment Form



Type of Event Payment (choose one):

- Festival Judge or Clinician
- Accompanist
- Festival Conductor
- Festival Coordinator

Title of Event: _____ Date of the Event: _____

Payee Name: _____ Payee Email: _____

Payee Address: _____

City: _____ State: _____ Zip Code: _____

Payee Phone Number: _____

If hourly:

Total Hours:	@ \$30.94/hour	Total:
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If total rate:

Date:	Fee Total:
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Current DMPS Employee: YES NO
 If yes, employee ID: _____ If no, Vendor ID: _____

*If first time DMPS payee, you must fill out the casual labor packet. Contact Kelly Schnackenberg for instructions.

Requestor Name: _____ Requestor Email: _____@dmschools.org

(Business office info)

Vendor #	
Account #	
W-9	
Payment total	
Contact	