



**MEDFORD PUBLIC SCHOOLS**  
**OFFICE OF CURRICULUM AND INSTRUCTION**  
**INVOICE**

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

SOCIAL SECURITY NUMBER\_\_\_\_\_

TELEPHONE\_\_\_\_\_

SCHOOL\_\_\_\_\_

PROFESSIONAL SERVICE\_\_\_\_\_

\_\_\_\_\_  
DATES/HOURS OF SERVICES RENDERED\_\_\_\_\_

\_\_\_\_\_  
AMOUNT OF PAYMENT\_\_\_\_\_

EMPLOYEE SIGNATURE\_\_\_\_\_

ADMINISTRATIVE APPROVAL\_\_\_\_\_

*Please submit to Diane Caldwell at Medford High School*