



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