

STATEMENT OF SERVICES

STATEMENT DATE: _____

VENDOR INFORMATION:

NAME: _____

ADDRESS: _____

PHONE
NUMBER: _____

BILL TO INFORMATION:

College Station Independent School District

CAMPUS: _____

DEPT: _____

ORGANIZATION: _____

EMPLOYEE
CONTACT: _____

SERVICE INFORMATION:

SERVICE
DATE: _____

SERVICE
PROVIDED: _____

AMOUNT
DUE FOR
SERVICES: \$ _____