# **EXTERNAL PERFORMANCE CONTRACT CAMPUS INVOICE**

## ABC School

## 12300 Spencer Street

**Houston, TX 77035**

**(713) 434-5879 Fax (713) 434-5810**

### TO: Sherrie H. Robinson

### Houston Independent School District

4400 West 18th Street

### Houston, Texas 77092-8501

### 

**REIMBURSEMENT INVOICE (TITLE I - PAYROLL)**

**Campus #**

|  |  |  |  |
| --- | --- | --- | --- |
| **Invoice Number: 2022-001** | | **Invoice Date:** | |
| **DESCRIPTION: Reimbursement for**   * + - * Date Range When Services Were Provided: * Pay Day: | | | |
| **Fund Center (10 digits)** | 1016 | | |
| **Internal Order Number (12 digits)** |  | | |
| **Functional Area (PS and 14 digits)** |  | | |
| **GL Account/Commitment Items/Object Codes:** |  | | **Amount to Be Paid** |
| 1. ***Gross Pay*** |  | |  |
| 1. ***Medicare*** |  |
| 1. ***Social Security*** |  |
| **TOTAL = 1 + 2 + 3** |  | | **TOTAL** |
| * ***Misc Contract Srvcs*** | **6 2 9 9 0 0 0 0 0 0** | |  |

**Prepared by: Date:**

**Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Approved by: Date:**

**Willie C. Spencer, III, Sr. Manager**

#### 

**Mail check to the address listed above**

**Hold check and call when ready for pickup**

**Wire**