# **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**