

Lufkin Independent School District  
P.O. Box 1407  
Lufkin, Texas 75902

**LISD CONSULTANT PAYMENT FORM**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Date of Workshop: \_\_\_\_\_

Hours of Workshop: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_

Audience: \_\_\_\_\_

\_\_\_\_\_

*Fill in what is applicable:*

Fee: \_\_\_\_\_

Other (attach bill): \_\_\_\_\_

Total: \_\_\_\_\_

P.O.# \_\_\_\_\_

Consultant  
Signature \_\_\_\_\_

\_\_\_\_\_  
Date

LISD Authorization  
Signature \_\_\_\_\_

\_\_\_\_\_  
Date

LISD Account# \_\_\_\_\_