



SERVICE AGREEMENT/INVOICE

CONTRACTOR, please print the following information:

Name: _____ Soc. Sec. No/TIN.: _____

Address: _____ Telephone: _____

City/State: _____ Zip Code: _____

Services performed for:

Los Angeles Mission College— Club:
13356 Eldridge Avenue
Sylmar, California 91342

The following professional services have been rendered for the Los Angeles Mission College:

Total Amount Due: \$ _____

I certify that the above listed information, including my social security number, is correct, and that I have performed the above service(s) on _____.

Contractor's Signature

Date

College Authorization for Payment:

LAMC-ASO/Club Treasurer

Date

LAMC- ASO/Club Advisor

Date

College Financial Administrator

Date