

**Bakersfield City School District
1300 Baker Street
Bakersfield, CA 93305
(661) 631-4600**

CONFIRMATION OF CONSULTANT SERVICES

DEPARTMENT/SCHOOL:

PO# _____

INVOICE # _____

NAME OF VENDOR/CONSULTANT:

INVOICE DATE: _____

AMOUNT TO BE PAID: \$ _____

DESCRIPTION OF SERVICES/NOTES:

Consultant Event Date: _____

Board Approval Date: _____

Consultant Signature: _____

Dept. Head/Principal: _____

Budget Classification: _____

PLEASE ATTACH ORIGINAL INVOICE