



ASHTABULA AREA CITY SCHOOLS

6610 Sanborn Road • Ashtabula, Ohio 44004 • Phone: (440) 992-1200 • www.aacs.net

INVOICE FOR SERVICES RENDERED

Date _____ P.O. # _____ Vendor # _____
(Required) (Office Use Only)

Name: _____ SSN or EIN _____

Company/Entity Name: _____

Address: _____ Telephone: _____

_____ Email: _____

Description of Service(s) Provided: _____

(*Please include date and total hours of service provided in description)

Total Service Fee \$ _____

Signature

I hereby certify that the above service have been performed

AACCS Administrator Signature