

**RIALTO UNIFIED SCHOOL DISTRICT
CONSULTANT / OUTSIDE LABOR**

Payee Name _____
(type or print)

Account No. _____ P.O. No. _____ Month/Year _____

Date	Location	# of Hours	Activity	Approval Signature (No Initials)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Date	Location	# of Hours	Activity	Approval Signature (No Initials)
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Consultant time cards must be turned in to the Supervising Department on the last working day of each month.

_____ hours/sessions x rate \$ _____ = \$ _____

Social Security No./Tax I.D. No.

Signature of Payee / Representative

Business/Fiscal Services Form
B-9 (Revised 1/04) lk