

Richland Parish School Board  
**Request for Contract Services**

Date \_\_\_\_\_

To: \_\_\_\_\_  
Business Manager

From: \_\_\_\_\_  
Supervisor

RE: Authorization for Contract Services

Requesting payment to \_\_\_\_\_

Rate of pay requested \_\_\_\_\_

Description of services to be provided \_\_\_\_\_

Dates of services needed \_\_\_\_\_

Program able to support request \_\_\_\_\_

Budget Code \_\_\_\_\_

**Approved:** \_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

RP Form #20

White – Bookkeeper

Yellow – Business Manager

Pink – Supervisor