



MISSISSIPPI DEPARTMENT OF WILDLIFE, FISHERIES AND PARKS

Lynn Posey, Executive Director

CONTRACTUAL INVOICE FOR SERVICES RENDERED

NAME: _____ **LOCATION:** _____

SOCIAL SECURITY: _____ **WIN NO.** _____
(LAST 4 DIGITS)

Total number of hours worked _____

Services were rendered during the bi-weekly payroll period of _____ - _____.

AGENCY#
460 462 470
(one must be selected)

Time Sheet below must be completed for payment

Sat	Sun	Mon	Tue	Wed	Thu	Fri
Sat	Sun	Mon	Tue	Wed	Thu	Fri

I certify that the above information is true and correct:

Signature of Contractual Employee

Date

Approved for Payment:

Signature of Project Manager

Date