



Independent Contract Agreement Authorization for Payment Form

E#: _____

iContract #: _____

District Office

Cañada College

College of San Mateo

Skyline College

Division Office: _____

Date: _____

Contractor's Legal Name: _____ **G#:** _____

Remittance Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone Number:** _____

Check box to send payment to College/Department

Service Period From _____ **To** _____

For: _____

Amount to be paid \$:

Other Instructions:

Add Notes (Multiple FOAPS, First/Final payment, Special Mailing Instructions)

Date: _____

Executive Director/Business Officer

Date: _____

Vice President, Administrator/District Administrator