



2132 PETERS WAY  
AIKEN, SC 29805  
800-232-8772

## USPA POLO DEVELOPMENT LLC A/P INVOICE

DATE: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**A completed W-9 is required to receive payment**  
Have you completed a W-9 for 2017? Y\_\_\_ N\_\_\_

**How would you like to receive your payment?**

- Check
- Direct Deposit using info on file
- I would like to update or start Direct Deposit

**Has any of your information recently changed?**

- No
- Yes, use the new information provided

**LOCATION OF WORK PERFORMED (CITY/STATE):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ACCOUNT CODE:** \_\_\_\_\_

DATE	DESCRIPTION	AMOUNT

**FOR SERVICES PROVIDED TO USPA** BY SIGNING BELOW YOU ARE AGREEING THAT YOU HAVE READ AND SIGNED AN AGREEMENT WITH THE USPA THAT IS VALID FOR THE ENTIRE YEAR.

**NO CONTRACT ITEMS** IN SOME INSTANCES A SIGNED AGREEMENT IS NOT NECESSARY FOR CERTAIN ITEMS. YOU WILL BE NOTIFIED IMMEDIATELY IF ONE IS NEEDED.

**PLEASE NOTE** THE USPA IS REQUIRED BY LAW TO REPORT CERTAIN TYPES OF INCOME TO THE IRS AND STATE GOVERNMENT AGENCIES. CERTAIN AGENCIES MAY ALSO REQUIRE WITHHOLDING IN RELATION TO INCOME RECEIVED.

**INVOICE FINAL TOTAL: \$** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_