



Palo Alto Institute for Research & Education

P.O. Box V-38 • Palo Alto, CA 94304-0038

PAYMENT FOR SERVICES/CONSULTING

An executed Independent Contractor Agreement for this activity must be on file in the PAIRE office.

Date : _____ Check to: _____

Address: _____

Social Security #: _____ - _____ - _____

From _____ to _____ (dates), contractor provided in the following service:

Please attach the Consultant's invoice to this form.

G/L Acct.

6100 \$ _____ Consulting

Please call _____ at extension _____ when check is ready for pickup.

Please mail to address above.

PAIRE Investigator's Signature

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PAIRE Account (10 Characters)