

# DAILY FEE INVOICE FOR CONTRACT FOR SERVICE IN PRIMARY SCHOOLS

Name of School: \_\_\_\_\_

Invoice No: \_\_\_\_\_

Independent Assessor Name: \_\_\_\_\_

PPS No: \_\_\_\_\_

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

Date	No of Days	Daily Fee Rate	Total Fee
Professional Fee for the following service _____			
<b>TOTAL FEE</b>			

I certify that:

- a) I apply for a total payment of €\_\_\_\_\_ for work as an Independent Contractor at the above named School.
- b) I acknowledge that this Daily Fee is earned as an Independent Contractor and all tax liabilities are my own responsibilities.
- c) No invoice in respect of the same service has or will be made elsewhere.
- d) The maximum amount to be charged is €127 per day.

Total Claim: \_\_\_\_\_

Signature of Claimant: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

Approved for payment: \_\_\_\_\_

Payment reference: \_\_\_\_\_

Date Paid: \_\_\_\_\_