

# DEPARTMENT OF PARKS AND RECREATION STATEMENT FORM

FORM TO BE COMPLETED IN ITS ENTIRETY IN INK ONLY BY VENDOR AND ORIGINAL COPY MUST BE SUBMITTED TO THE PARKS AND RECREATION ADMINISTRATIVE OFFICE FOR PAYMENT.

TO:

CITY OF RIVIERA BEACH  
PARKS AND RECREATION DEPT.  
1621 WEST BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

FROM:

VENDOR NAME: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF SERVICE RENDERED: \_\_\_\_\_

DESCRIPTION OF SERVICES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SERVICE RENDERED (CIRCLE ONE): DJ / REFEREE / OTHER \_\_\_\_\_

GAME: \_\_\_\_\_ VS \_\_\_\_\_ ; \_\_\_\_\_ VS \_\_\_\_\_

GAME: \_\_\_\_\_ VS \_\_\_\_\_ ; \_\_\_\_\_ VS \_\_\_\_\_

FACILITY OF SERVICE RENDERED: \_\_\_\_\_

NO. OF GAMES/HOURS RENDERED: \_\_\_\_\_ AMOUNT PER GAME/HOUR \$: \_\_\_\_\_

AMOUNT DUE \$: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

