



Victor Valley College District Foundation, Inc.

18422 Bear Valley Rd., Victorville, CA 92395

760-245-4271 ext. 2251

FEIN 51-0141667

Subcontractor Payment Form

Name: _____

SSN: _____ - _____

Address: _____

Description of Service: _____

Date of Service Beginning: _____ Ending: _____

Total Payment Amount: \$ _____

This represents full payment for services described above.

By signing below, the Subcontractor guarantees that he or she is not an employee of Victor Valley College District and agrees that he or she is not entitled to any District benefits.

Subcontractor Signature: _____

Director Signature: _____

Any Subcontractor who receives funds in excess of \$600 in any calendar year will be issued a Form 1099 per IRS guidelines by the filing deadline of the following year. Subcontractors are responsible for payment of all federal, state and local taxes.