



CONSULTANT CONTRACT/CONTRACTED SERVICES

Date: _____ From: Dept/Campus: _____

This is an agreement between the San Benito Consolidated Independent School District and _____ to provide the following consultant/contracted services: _____

Starting Date: _____ Ending Date: _____

Rate Per Hour: _____ Days Per Week: _____

Hours Per Day: _____ Total Day Worked: _____

For these services:

_____ Total fee for services
 _____ Meals
 _____ Mileage

Original receipt must be furnished for reimbursement of any item listed below:

_____ Misc. costs
 _____ Airfare
 _____ Car rental
 _____ Lodging
 _____ **Grand Total**

Consultant's Signature

Address

City, State, Zip _____ Phone _____

Name

Social Security # _____ D.O.B. _____ Drivers Lic. # _____

Are you related to any Board Member or the Superintendent, or to the person employing you?
 YES NO

If yes, to whom: _____

This agreement may be cancelled by the Superintendent.

ENTER ACCOUNT DISTRIBUTION INFORMATION BELOW

FUND	FUNCTION	OBJECT	SUBJECT	ORGANIZATION	FISCAL	PROGRAM	ED.

 Originating Administrator

 Date

 Supervising Administrator

 Date

BUSINESS OFFICE USE ONLY

FED PROGRAMS: Yes No Date: _____

PURCHASING: Yes No Date: _____

FINGERPRINTS: Yes No Date: _____

DPS CLEARANCE: Yes No Date: _____

Staff Training Only: Yes No Date: _____

 Signature of Asst. Supt. of Administrative Services _____ Date

 Signature of Asst. Supt. of Finance and Operations _____ Date

 Superintendent of Schools _____ Date