

**POINT ISABEL INDEPENDENT SCHOOL DISTRICT
CONTRACT FOR CONSULTANT SERVICES**

CONSULTANT'S NAME: _____ SOCIAL SECURITY NO. _____
ADDRESS: _____ CREDENTIALS: _____

PHONE: () _____

PLEASE IDENTIFY THE ACADEMIC OR FISCAL STANDARD THAT THIS CONSULTANT WILL ASSIST TO ACHIEVE:

AUDIENCE: _____ **NUMBER OF PARTICIPANTS:** _____
TYPE OF SERVICE: _____
DATE(S) OF SERVICE: _____
SESSION START/STOP TIMES: _____ **# OF HRS./SESSIONS** _____
BASE FEE: (invoice required) **SESSION FEES @** _____ **x** _____ **= \$** _____
ADMINISTRATIVE FEE: (Amount included in Base Fee, if any) _____ **= \$** _____

(SEE MAXIMUM ALLOWED)

OTHER EXPENSES: (please itemize, receipts required when applicable)

LODGING	_____	= \$	_____
MEALS	_____	= \$	_____
MILEAGE	_____	= \$	_____
OTHER EXPENSES	_____	= \$	_____

Account # _____ **Total Payment** = \$ _____

Payment will be made after services are rendered.
To the best of my knowledge, the above information is accurate and no conflict of interest is involved in the contractual agreement:

This contract may be canceled by either party for any reason by written notice; therefore, the consultant fee to be paid shall be the amount earned on a pro rate basis as of the date of cancellation.

CONSULTANT'S SIGNATURE: _____
TITLE: _____
DATE: _____

(FOR OFFICE USE)

ORIGINATOR'S NAME: _____ *DATE:* _____
JUSTIFICATION FOR CONSULTANT _____

ORIGINATOR'S SIGNATURE *DATE* *SUPERVISOR'S SIGNATURE* *DATE*

SUPERINTENDENT'S SIGNATURE *DATE*

Superintendent's signature required.

NOTE: Originals Required.