

CONSULTANT CONTRACT/CONTRACTED SERVICES

Date: _____ From: Dept/Campus: _____

This is an agreement between the Karnes City 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. Business Manager _____ Date

_____ Signature of Chief Financial Officer _____ Date

_____ Superintendent of Schools _____ Date