

**CLAUDE 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:**

TYPE OF SERVICE: \_\_\_\_\_

DATE(S) OF SERVICE: \_\_\_\_\_

SESSION START/STOP TIMES: \_\_\_\_\_ # OF HRS./SESSIONS \_\_\_\_\_

BASE FEE: (invoice required) SESSION FEES @ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

**(SEE MAXIMUM ALLOWED)**

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

LODGING \_\_\_\_\_ = \$ \_\_\_\_\_

MEALS \_\_\_\_\_ = \$ \_\_\_\_\_

MILEAGE \_\_\_\_\_ = \$ \_\_\_\_\_

OTHER EXPENSES \_\_\_\_\_ = \$ \_\_\_\_\_

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 \_\_\_\_\_

APPROVAL OF PAYMENT: \_\_\_\_\_ TOTAL PAYMENT: \$ \_\_\_\_\_

ORIGINATOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE OR \_\_\_\_\_ DATE \_\_\_\_\_  
DESIGNATED TEAM MEMBER (CFO, EX. DR. H/R,  
OPERATIONS OR ADMINISTRATIVE ASSISTANT)

\*Originator may attach additional requirement or information if deemed necessary