



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

Table with 8 columns: 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 _____