



RIM OF THE WORLD UNIFIED SCHOOL DISTRICT CONTRACT FOR CONSULTANT SERVICES

P.O. Number:		
Name of Consultant:		
Address:		
Phone Numbers:	Work:	Home:
SSN/EIN Number:		
<input type="checkbox"/> Workshop <input type="checkbox"/> In-service <input type="checkbox"/> Consultation <input type="checkbox"/> Presentation:		
Date(s):		Time(s):
Location:		Contact person:
Terms of agreement <i>(Description of <input type="checkbox"/> Workshop <input type="checkbox"/> In-service <input type="checkbox"/> consultation <input type="checkbox"/> presentation)</i>		

Rim of the World Unified School District agrees to pay \$_____ upon Completion of the terms of the above agreement and submission of the appropriate receipts:

Consultation/In-service/Workshop/Presentation fee:			
\$	Per:	(hour/day)	For: (days/hours)
Expenses:			
Travel (estimated cost)			
Meals (estimated cost)			
Lodging (estimated cost)			
Other (Please specify)			
Total (estimated costs): \$			

Signature of consultant

Date

Superintendent/Educational Services Director/ Business Services Director/
Special Services Director

Date

***Board approved on:** _____

***Attach copy of board certification and contract with requisition**

I hereby certify that I have worked in Rim of the World Unified School District for the above purposes, on the dates and hours as stated. I am , am not . (check one) a member of the California State Teachers Retirement System (CalSTRS). If an employee of a Federal, State or Local Government agency, I certify that all services for which payment is now being claimed were rendered at times other than regular assigned workday for that agency or if actual expenses are being reimbursed, the agency will not/or has not rendered reimbursement.