

CONTRACTUAL AGREEMENT

The Scotland County Schools is in need of and desires services of

Consultant _____

Address _____

SS# or Federal Tax ID Number _____ MBE (Yes)____(No)____ WBE (Yes)____(No)____

Telephone Number (Work) _____ (Home) _____

Complete description of services to be rendered including dates and times.

The Scotland County Board of Education agrees to pay for the above described services as specified below:

\$ _____ per _____ (i.e., \$300 per day or \$150 per session)

Travel: _____ cents per mile for estimated miles, or \$ _____ commercial carrier.

Lodging and Meals: Specify below maximum rates per each

_____ Total Contract
Cost Not to Exceed
\$ _____

It is understood that payment will be made after services are rendered *within 30 days of receipt of approved invoice(s)*. Original, fully executed contract must be on file in the Finance Department prior to commencing services.

The contract obligations and agreements as described above are hereby approved.

Consultant / Instructor _____ Date _____

Coordinator of Services _____ Date _____

Budget Code _____

Superintendent _____ Date _____

This instrument has been pre-audited in the manner required by the School Budget and Fiscal Control Act.

Finance Officer _____ Date _____

Copy to Finance Office
Copy of Completed W-9 to Finance Office
Copy of Social Security card to Finance Office