

**CORSICANA INDEPENDENT SCHOOL DISTRICT
CONTRACT FOR CONSULTANT SERVICES
(To be used to secure services of non-district staff)**

Name _____ Social Security # _____

Address _____ Credentials _____

Phone _____

Name of Meeting/Workshop/Project: _____

Date(s) of Service: _____

Session Start/Stop Time: _____

Number of Hours Each Session: _____

Total Fee to be Paid: (statement required) _____

Estimated Expenses: (statement required) _____

To the best of my knowledge, the above information is accurate, and no conflict of interest is involved in the contractual agreement.

Either party for any reason may cancel this contract by written notice; the consultant fee to be paid shall be the fee earned on a pro rata basis of the date of cancellation.

Consultant's Signature: _____

Title: _____

Date: _____

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(FOR C.I.S.D. USE)

Originator: _____ Date: _____

Justification of Out-of-District Consultant _____

Approved: _____ Account Number
to be charged: _____

Principal/Assistant Supt. For Finance