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## BELLINGHAM PUBLIC SCHOOLS 1306 Dupont BELLINGHAM, WA 98225

## CONSULTANT CONTRACT FORM

Services Performed by:			
Business Name:			
(If different from above)  Description of Services:			
•			
Date(s) of Service:			
Consultant Fee:			
Expenses: (IF APPLICABLE) Attach <u>original</u> receipts for expenses <u>MEALS ARE</u> <u>PER DIEM</u> : Maximum of \$7, \$9, \$14 (No receipts required for meals)			
Account Code:			
TO BE COMPLETED BY CON			
suspended, proposed for disbarme transactions by any federal depart contracts related to this grant with excluded from Federal Procureme "Debarment and Suspension."  Crimes against Children - Contract employee of the contractor from with during his or her employment and	nt, declared ineligible, o ment or agency. Further, any party that is on the nt or Non-procurement I tor employees - Termina yorking at a public school who has pled guilty to o	ne/she, nor his/her principals are presently or voluntarily excluded from participation is, they agree not to enter into any agreement. "General Services Administration List of Programs," or the Executive Order 12549, ation of Contract: Contractor to prohibit a ol who has contact with children at a public or been convicted of crimes as listed in RC agrounds for immediate termination of contracts.	in hts or parties any ic school
Signature of Con		grounds for immediate termination of cor	muct.
Invoice A			
Phone I Social Security Number/Busi (A <u>W-9 Form</u> and	Number:ness ID:a Department of Retiremo	ent Systems <u>Retirement Status Form</u> must be	
	mit an invoice upon co	ompletion of your work to receive paymo	ent.
AUTHORIZED BY:			
1. Building/Unit Administrator	:	Date:	
2. Central Office Administrator	<b>:</b>	Date:	

Consultant Form: Revised 10/10/08