

EXHIBIT "A"

**SPRING BRANCH ISD
CONSULTANT AGREEMENT FORM**

CONSULTANT NAME: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

Location of Consultant's Services (Campus/Dept.): _____

Address: _____

Phone: _____

Number of Hours/Days of Service (Term): _____

Describe EXACTLY what training will be done: _____

What material(s) will be used? _____

FEEES			
Consultant Fees		per day, week,	
_____ Days at	\$ _____	hour (circle one)	\$ _____
_____ Days at	\$ _____	per day, week,	\$ _____
		hour (circle one)	
Transportation (receipts required)			
Lodging (receipts required)			
Meals (receipts required)			
Miscellaneous (list)	_____		\$ _____

Total Fee			\$ _____

Vendor Please Circle (One) Preferred Method of Payment:

CARD ACH

_____	_____
CONSULTANT'S SIGNATURE	DATE
_____	_____
PRINCIPAL/DEPT. HEAD SIGNATURE	DATE