

Alvarado Independent School District  
P. O. Box 387, Alvarado, TX 76009  
Phone: 817-783-6800 Fax: 817-783-3844

Consultant Services Agreement  
(For Non-AISD Employees)

**Consultant**

Name \_\_\_\_\_ Residence Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
City State Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

**Description of Services Performed**

Service Date(s) \_\_\_\_\_ Time Periods (From-To) \_\_\_\_\_  
Workshop Number/Title \_\_\_\_\_  
District Contact Person/Campus \_\_\_\_\_

**Compensation Schedule**

	Contract Amount (Do not pay)	Actual Amount Due (Due this payment)
Basic Fee	_____	_____
<u>If part of the agreement:</u>		
Travel: Mileage	_____	_____
Air	_____	_____
Lodging	_____	_____
Meals	_____	_____
Other	_____	_____
Total	_____	_____

Receipts are required for Air Travel, Lodging and all other authorized expenses. Basic fee amounts are firm. Travel and Other are estimations needed for budgetary purposes and are included in the contract amount. Payment will be made only after services have been rendered, completion of the performance statement and approval for payment by the Finance Department.

**Agreement to Perform**

After signing, consultant returns forms to AISD for approval

\_\_\_\_\_  
Consultant Signature/Date

\_\_\_\_\_  
Authorized AISD Signature/Date

Budget Code \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Approval for Payment/Performance Statement**

The services described above have been rendered and correspond with the agreement under which they were procured. Amounts in the Actual Amount Due column are correct and unpaid.

Vendor Number \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_  
Consultant Signature/Date

\_\_\_\_\_  
Authorized AISD Signature/Date

Forward Original to Accounts Payable; retain copy for Files.

**Important: This agreement is subject to approval and revision by AISD.** 01/12/2005