

**BROWNSBORO INDEPENDENT SCHOOL DISTRICT  
PO BOX 465  
BROWNSBORO, TX 75756**

**Contract Transmittal Form**

Please attach this form to your proposed contract when you submit it for approval.

<b>Brownsboro ISD</b>	<b>Contracting Party</b>
<b>Contact Person:</b>	<b>Organization:</b>
<b>Department:</b>	<b>Contact Person:</b>
<b>Phone No.:</b>	<b>Address:</b>
	<b>Phone No:</b>
<b>PROPOSED AGENDA SUBMISSION DATE: (if applicable) N/A</b>	
Have you reviewed the BISD Travel Expense Guidelines for Consultant Services which are listed on the back of the <i>Consultant Invoice for Fees and Expenses</i> with the consultant so the consultant is aware of reimbursement limitations and requirements and the method for submitting appropriate receipts and forms?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Have you discussed personnel and insurance liability forms ( <i>i.e., substitutes New employees, insurance policies, etc.</i> ) with the Executive Director of Finance?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have an existing budget code to pay this cost? Questions have been Discussed with the Executive Director of Finance? Budget Code:	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Have you discussed campus and building requirements ( <i>i.e., heating/air conditioning, building open on non-work day or after hours, food service requirements, security, installation of circuits, etc.</i> ) with appropriate department:	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
<b>REVIEWED AND APPROVED:</b>	
1. Operations/Program/Technology Director:	Date
2. Executive Director of Finance:	Date
3. Superintendent:	Date