



DISTRICT CONSULTANT/ EXTRA DUTY PAY AGREEMENT

The signatures affixed hereto represent an agreement between consultant _____
and the Georgetown Independent School District for the purpose of providing the following services:

DATE(S) OF SERVICE: _____

In return for providing the above services, the Georgetown Independent School District shall pay said consultant at the rate of _____ plus expenses, or a grand total of \$ _____ (including expenses). Payment shall be made in whole or in part only upon the timely submission of proper forms by the director or supervisor of the activity utilizing the consultant services. A check for the services will be issued in accordance with the normal policy of the District, and there shall be no exceptions.

Consultant's signature

Georgetown I.S.D.

Address

GISD Representative

City/State/Zip

Area code/phone number

Social Security #

Date to be submitted for payment

Date Signed

EMAIL _____