(For Office Use Only)

WORKSHOP NAME EXAMPLE FOR CONTRACT

WORKSHOP #_____

PO # _____
BUDGET CODE COMPLETE
DATE COMPLETE
VENDOR # COMPLETE

☐ **Partial PO Payment**

☑ **Final PO Payment**

CONTRACTUAL AGREEMENT

NORTH CAROLINA
DAVIDSON COUNTY

This AGREEMENT, made and entered into this XXX day of XXX ,by and between the

DAVIDSON COUNTY BOARD OF EDUCATION, Lexington, North Carolina, hereinafter referred to as the Local Education Agency, and COMPLETE, hereinafter referred to as the Contracting Agency.

WITNESSETH:

I. The Local Education Agency hereby agrees:

a. To provide financial consideration for the cost of performance of this agreement not to exceed $_____ as full compensation for said services with said sum being paid upon completion of contract work and submission of invoice.

Service is to be provided on COMPLETE
(Dates)

Other contract information:

COMPLETE with all details pertaining to services that will be rendered with Contract.

II. The Contracting Agency hereby agrees:

<>To be liable for social security, Medicare, federal, and state income taxes because you are a nonemployee in accordance with the employee status under common law rules

IN WITNESS WHEREOF, the parties have executed this agreement in duplicate originals, one of which is retained by each of the parties, the day and year first above written.

COMPLETE
Contracting Agency (Full Legal Name)

COMPLETE
Address

COMPLETE
City/State/Zip

COMPLETE
Soc Sec # or Tax ID No.

BY: _____
Signature (Full Legal Name)

DAVIDSON COUNTY BOARD OF EDUCATION
Local Education Agency
P.O. BOX 2057 COUNTY SCHOOL ROAD
Address
LEXINGTON, NC 27293-2057
City/State/Zip

BY: _____
Assistant Superintendent

ATTEST: _____
School Official

This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.

_____ _____
Date School Finance Officer

Revised 8/04 by JSH