



Greenfield Union School District

493 El Camino Real / Greenfield, CA 93927

(831) 674-2840 / (831) 674-3712 FAX

CONSULTANT SERVICE AGREEMENT

Form 407

Consultant Name			
Social Security # / Federal ID # <i>(Please provide and attach a W-9 form)</i>			
EIN # <i>(Please provide and attach a W-9 form)</i>			
Company Name			
Address			
City / State / Zip Code			
Telephone Number			
Fax Number			
Email Address			
CONSULTANT AGREES TO PROVIDE THE FOLLOWING SERVICES TO THE DISTRICT <i>(If additional space is needed, use a separate sheet and attach to this agreement.)</i>			
Date(s) of Service			
Location / Site of Service			
Number of Hours of Service		From:	To:
FOR SERVICES DESCRIBED ABOVE, WHICH INCLUDES CONSULTANT'S PERSONAL EXPENSES, IT IS AGREED THAT A CHECK IN THE AMOUNT OF:			
\$	WILL BE MADE PAYABLE TO:		

INVOICES WILL NOT BE PAID UNTIL A W-9 FORM IS RECEIVED FROM CONSULTANT

1. Consultant certifies that Consultant is specially trained, experienced and competent to perform the services identified above.
2. Consultant will not perform any additional services for the District unless services are expressly authorized in a separate written Agreement for any additional services.
3. Consultant acknowledges and agrees that Consultant is an independent contractor and that Consultant is not an employee of the District.
4. Consultant represents that Consultant has and will maintain during the course of performing services for the District, liability insurance that covers the scope of work to be performed as described above, which also covers the errors and omissions of the Consultant and Consultant's agents, officers and/or employees during the performance of such work.
5. Consultant agrees to comply with all applicable laws, regulations, and Board policies during the performance of services for the District.
6. District retains the right to cancel this contract in the event of funding shortage or for any reason by written notice of not less than 30 calendar days. In such case, Contractor will be paid through the date of service only. Addresses stated above will be used for notice purposes.

I agree to perform the service(s) described above for the amount listed above. Upon completion, an invoice will be submitted outlining completed services.

_____ Signature of Consultant		_____ Date	
Approved: _____ Coordinator / Director / Supervisor	_____ Date	Approved: _____ Fiscal Services Department	_____ Date
Approved: _____ Asst. Supt., Educational Services	_____ Date	Approved: _____ Superintendent or Designee	_____ Date

<u>FUND</u>	<u>RESC</u>	<u>Y</u>	<u>GOAL</u>	<u>FUNC</u>	<u>OBJT</u>	<u>SO</u>	<u>LOC (Site)</u>	<u>1111</u>	<u>MGMT</u>
EX 01	0000	0	0000	0000	0000	00	000	0000	0000