



SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
240 N. Crockett Street, San Benito, Tx 78586 • Phone (956) 361-6100 • Fax (956) 361-6166

CONSULTANT CONTRACT FOR DISTRICT EMPLOYEE

Professional Object Code: 6118
Hourly Object Code: 6121

Date: _____

This is an agreement between the San Benito Consolidated Independent School District and _____ to provide the following consultant services:

Starting Date: _____ Ending Date: _____

Rate Per Hour: _____ Days Per Week: _____

Hours Per Day: _____ Total Weeks Worked: _____

For these consultant services:

_____ Total fee for services
_____ Meals
_____ Mileage

Original receipt must be furnished for reimbursement of any item listed below:

_____ Misc. costs
_____ Airfare
_____ Car rental
_____ Lodging
_____ **Grand Total**

This agreement may be cancelled by the Superintendent.

Consultant's Signature

Address

City, State, Zip _____
Phone

Social Security # _____
D.O.B

Superintendent of Schools

ENTER ACCOUNT DISTRIBUTION INFORMATION BELOW

FUND	FUNCTION	OBJECT	SUBJECT	ORGANIZATION	FISCAL	PROGRAM	ED.

Originating Administrator

Date

Supervising Administrator

Date

BUSINESS OFFICE USE ONLY

FUNDS AVAILABLE: Yes No

Signature

Date