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 NON-DISTRICT EMPLOYEE

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.

Are you related to any board member or the superintendent?
YES ☐ NO ☐

_____
Consultant's Signature

_____
Address

_____ _____
City, State, Zip Phone

_____ _____ _____
Social Security # D.O.B. Drivers Lic. #

_____
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