



# Port Arthur Independent School District

## CONSULTANT AGREEMENT FORM

THIS AGREEMENT, entered into this \_\_\_ the day of \_\_\_\_\_, 20\_\_\_, by and between the Port Arthur Independent School District, hereinafter referred to as the "District", and \_\_\_\_\_, hereinafter referred to as the "Consultant", is as follows:

1. The Consultant shall, in a satisfactory and proper manner as determined by the District, perform the services shown in the Consultant proposal and attached as Exhibit A to this contract. All proposals shall state specific deliverables and timelines for performance.
2. The Consultant shall commence performance of the Agreement on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, and shall complete performance to the satisfaction of the District no later than the \_\_\_ day of \_\_\_\_\_, 20\_\_\_. If the Consultant firm does not perform to the satisfaction of the District, the District may terminate this agreement by providing written notice to the Consultant firm by first-class mail at the address shown below, or by oral notice.
- 3.

FEES AND BUDGET							
<b>Consultant Fees</b>							
	Hours at	\$ _____	per hour		\$ _____		
	Days at	\$ _____	per day		\$ _____		
Transportation <i>(Receipts Required)</i>					\$ _____		
<i>(Lesser of the State Rate or Board Policy for Mileage)</i>							
Lodging <i>(Receipts Required)</i>					\$ _____		
Meals <i>(Receipts Required)</i>					\$ _____		
Miscellaneous <i>(List)</i>					\$ _____		
_____					\$ _____		
_____					\$ _____		
<b>Total Fees</b>					<b>\$ _____</b>		
FUND	FUNC	OBJECT	SUB-OBJ	ORG	FISC	PROG	LOCAL OPT CODES 3,4,5

**NOTICE TO CONSULTANT: Any changes made in provisions above will nullify agreement.**

PORT ARTHUR INDEPENDENT SCHOOL DISTRICT

Signed (Consultant)

NOTE: Consultant is not to sign this form until approved by the Accounting Department.

Type of Business *(Check One)*

If \$25,000 (or over):  
 Board Agenda # \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Requestor  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Administrator with Signature Authority  
*(School & Department Budgets Only)*  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Deputy Superintendent  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Comptroller  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Superintendent  
 \_\_\_\_\_ Date \_\_\_\_\_

Sole Proprietor or Individual   
 Partnership   
 Corporation   
 Minority/Women Owned Business:  
     Yes       No   
*If Individual, give Social Security Number.*  
*If Corporation, give TIN Number.*  
 Social Security No./TIN No. \_\_\_\_\_  
 \_\_\_\_\_  
*(Name Typed)*  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 By: \_\_\_\_\_ Date \_\_\_\_\_  
     Consultant