

**UNION COUNTY PUBLIC SCHOOLS  
400 NORTH CHURCH STREET  
MONROE, NC 28112**

(Revised 08/01/10)

**AN AGREEMENT FOR CONSULTANT AND/OR OTHER CONTRACT SERVICES FOR STAFF DEVELOPMENT**

This agreement is entered into between the Union County Public Schools, hereinafter referred to as the Local Agency, and \_\_\_\_\_, hereinafter referred to as the Consultant, for the purpose of providing professional and related services for the period of \_\_\_\_\_, 20\_\_\_\_.

I. The Local Agency agrees:			
A.	To make payment to the Consultant at the rate of \$ _____ per day for _____ day(s) for a total of \$ _____ for professional and related services.		
B.	To make payments to the Consultant for travel at the state rate.	_____ Yes	_____ No
C.	To make payment to the Consultant for subsistence expenses at the state rate.	_____ Yes	_____ No
D.	Total amount of payment:	Consultant fee	\$ _____
		Travel	\$ _____ ( _____ miles)
		Subsistence	\$ _____
		Total	\$ _____

II. Consultant agrees:	
A.	To provide professional and related services as follows: _____
B.	<b>The payment of Federal and State income taxes and social security applicable to the compensation received is the responsibility of the Consultant. If you do not live in North Carolina, 4% will be withheld for North Carolina taxes.</b>

III. Consultant Information:			
<p align="center"><b>For State Required Reporting, please complete the following; MBE Status (Minority Business Enterprises) - Check all that apply.</b></p> <p> <input type="checkbox"/> Minority Owned    <input type="checkbox"/> Women Owned    <input type="checkbox"/> Disabled Owned    <input type="checkbox"/> None  <input type="checkbox"/> Black    <input type="checkbox"/> Hispanic    <input type="checkbox"/> Asian American    <input type="checkbox"/> American Indian         </p>			
_____	_____	_____	_____
Consultant Signature	Date	Social Security #/Tax ID #	
_____	_____	_____	_____
Street Address	City/State	Zip Code	

\*\*\*\*\*

**School Bookkeeping Office Use Only:**

Vendor Name: \_\_\_\_\_ Vendor #: \_\_\_\_\_

Budget Code: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Individual Requesting Consultant Services*

**This is to certify that funds are available for the above agreement:**

\_\_\_\_\_ Date

*Authorized Signature*

**THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET & FISCAL CONTROL ACT.**

\_\_\_\_\_ Date

Finance Officer/Designee

**Accounts Payable Use Only:**

Approved: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**\*Include Contracted Terms Conditions**