

BELLINGHAM PUBLIC SCHOOLS
1306 Dupont
BELLINGHAM, WA 98225

CONSULTANT CONTRACT FORM

Services Performed by:	
Business Name: (If different from above)	
Description of Services:	
Date(s) of Service:	
Consultant Fee:	
Expenses: (IF APPLICABLE) Attach <u>original</u> receipts for expenses <u>MEALS ARE</u> <u>PER DIEM</u> : Maximum of \$7, \$9, \$14 (No receipts required for meals)	
Account Code:	

TO BE COMPLETED BY CONSULTANT:

By signing this contract Consultant certifies that, neither he/she, nor his/her principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in transactions by any federal department or agency. Further, they agree not to enter into any agreements or contracts related to this grant with any party that is on the "General Services Administration List of parties excluded from Federal Procurement or Non-procurement Programs," or the Executive Order 12549, "Debarment and Suspension."

Crimes against Children - Contractor employees - Termination of Contract: Contractor to prohibit any employee of the contractor from working at a public school who has contact with children at a public school during his or her employment and who has pled guilty to or been convicted of crimes as listed in RCW 28A.400.330. Failure to comply with this section shall be grounds for immediate termination of contract.

Signature of Consultant: _____

Invoice Address: _____

Phone Number: _____

Social Security Number/Business ID: _____
 (A W-9 Form and a Department of Retirement Systems Retirement Status Form must be attached.)

PLEASE NOTE: You must submit an invoice upon completion of your work to receive payment.

AUTHORIZED BY:

1. Building/Unit Administrator: _____ **Date:** _____

2. Central Office Administrator: _____ **Date:** _____