# COLUMBUS PUBLIC SCHOOLS
## Agreement to Provide Consultant Services

Number of digits required for coding:

| 3 | 4 | 5 | 3 | 6 | 3 | 2 | 3 |
|---|---|---|---|---|---|---|---|
| FUND | SCC | FUNC | OBJ | SUBJ | OPU | IL | JOB |
| 401 | | 053260 | 410 | 000000 | | 00 | 000 |

_____
Consultant Social Security # / Tax ID #

**$** _____

**(Vendor must complete) amount received**
**from Columbus Public Schools fiscal year to date**

_____
(Print/Typed) Consultant Name

_____

_____
**Date of prior service**

_____
(Consultant Mailing Address)

I agree to provide the service listed below:

**AMOUNT NOT TO EXCEED  $** _____

**WHERE** _____ *School*

**WHEN** *School Year:* _____

**WHAT** *Type of Service:* _____

**WHO will receive service?** *Students Attending:* _____ *School*

For the fee of $ _____ per day/hour, for _____

For the fee of $ _____ per day/hour, for _____

For the fee of $ _____ per day/hour, for _____

**(Circle per day/hour)**

_____        _____
*Signature of Consultant*        Date

_____        _____
*Signature of Nonpublic School Administrator*        Date

I recommend that this proposed agreement be accepted.

_____        _____
*Budget Administrator (Auxiliary Services Nonpublic School Services)*        Date

_____        _____
*Superintendent or Designee*        Date

## APPROVED:

_____        _____
Treasurer's Designee        Date

To be filled in by NPSS Office Supervisor:
How do the services above support the Goals and the Continuous Improvement Plan of the District?
 - Agreement to perform auxiliary services for nonpublic school

_____

_____

*Original signed in blue ink and submitted to NPSS office*