

**Midlothian Independent School District
100 Walter Stephenson Rd.
Midlothian, Texas 76065**

Consultant Service Contract

Name _____ S.S.# _____

Address _____

Phone # _____

Services to be performed:

Services to be provided to:

Location: _____ Date(s) of Service: _____

Hourly Consultant Fee \$ _____ X _____ **hours** = \$ _____

Travel (miles) _____ X **(rate)** _____ = \$ _____

Other Costs: _____ \$ _____

TOTAL \$ _____

Signature to this contract by the consultant(s) providing service to the Midlothian Independent School District affirms that no conflict of interest exists between the school district and the contracting agency, or any individual employed by the school district.

Consultant fees will be authorized for payment upon completion and submission of this form. The Consultant's signature is required below for processing. Services provided not expressly authorized by written contract shall be deemed uncollectable and returned to its source.

Consultant's Signature: _____

Requested By: _____

Approved By Principal: _____

Account Code: _____