

Browning Public Schools  
**CONTRACT SERVICE AGREEMENT**  
(406) 338-2715 • (406) 338-2708

**Date:** June 12, 2019

**Board Approval:** \_\_\_\_\_

**Contractor:** Arlene Wippert

**Phone:** 338-5854

**Address:** Box 2227 Browning, MT 59417  
**P.O. Box or Street Address** **City** **State** **Zip**

**Type of Project/Service** (be specific): Contractor will provide one day (8-13-19) of ELA training with a focus on CRA practices to BES staff. This training follows our Innovative Grant from OPI.

**Contracted Dates:** 8/13/19

Rate per hour/per day: \$225/day x 1 day = \$225.00

Per Diem/per day: \_\_\_\_\_ x \_\_\_\_\_ # of Days = N/A

Mileage: \_\_\_\_\_ miles @ \_\_\_\_\_ per mile = N/A

Other costs (explain): Fringe = \_\_\_\_\_

**Total Project Cost** = \$225.00

**Contract to be paid from:**

Innovative Money (50%)

126.20.120.1700.150 (50%)

**Independent Contractor:**

Submit invoice on completion

Other \_\_\_\_\_

**Employee:**

Submit timesheet through payroll

The above terms and conditions constitute an agreement by and between the contractor and the Browning Public Schools for the contractor to render services, as indicated. In the event of non-completion of services or other unforeseen problems, this agreement shall be changed accordingly.

\_\_\_\_\_  
**Contractor's Signature**

\_\_\_\_\_  
**Principal/Supervisor**

\_\_\_\_\_  
**SSN/Federal ID Number/EIN**

\_\_\_\_\_  
**Superintendent**

An Independent Contractor must provide Browning Public Schools with a Federal ID Number, State Contractor License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the Worker's Compensation Insurance and Unemployment Insurance for employees.

**White – Contractor**

**Yellow – Business Office**