Browning Public Schools

CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-2708

Date: June 12, 2019			Board A	Approval:		
Contractor: Sample contract			Phone:			
Address:	Box	Bro	wning	MT	59417	
P.O. B	ox or Street Address		City	State	59417 Zip	
Type of Project/Service (be specific): Contractor will attend one day (8-13-19) of ELA training with a focus on CRA practices to BES staff. They will be paid a stipend for their time. This training follows our Innovative Grant from OPI.						
Contracted D	Dates: 8/19/19					
Rate per hour	/per day: <u>\$100.00</u> /	<u>'day x 1 day</u>		=	\$100.00	
	day: x			=	N/A	
Mileage:	miles @	per mile		=	<u>N/A</u>	
Other costs (e	xplain): Fringe			=	<u> </u>	
			Total Proje	ect Cost =	\$100.00	
Contract to b Innovative M 126.20.120.17	=		Independent Contractor: Submit invoice on completion Other Employee:			
			Submit timesheet through payroll			
Schools for th	ne contractor to re		ited. In the	event of non-co	ector and the Browning Public completion of services or other	
Contractor's		Principal/Supervisor				
SSN/Federal ID Number/EIN			Superintendent			
An Independe	ent Contractor mu	st provide Browning Pu	blic Schools	s with a Federal	ID Number, State Contractor	

Worker's Compensation Insurance and Unemployment Insurance for employees.

License or sign an Independent Contractor's Exemption Application Affidavit waiving their rights under the

White - Contractor

Yellow - Business Office