## Browning Public Schools CONTRACT SERVICE AGREEMENT

(406) 338-2715 • (406) 338-3200

Board Approval:

<b>Contractor:</b>	Earl Tail	Phone	<u>:406-338-5098</u>		
Address:	P.O Box 14		Browning	MT	59417
	P.O. Box or	Street Address	City	State	Zip
Type of Pro	oiect/Service (	be specific): Contractor wi	ill provide services fo	or the Summ	er Ee Kah Ki Mal
• -		eational Activities. They wil	-		
		e will run June 4 – July 31,			
		er Program. Contractor will		_	-
		and July. Contractor will ass	-		-
_		every site and make sure it is			
-	•	ed and willing to do physica			
-		be responsible for all lost a		_	-
		vities on an as needed basis.			
<u> </u>		. Contractor will need to			
		rect supervision of Angel Ta			· · · · · · · · · · · · · · · · · · ·
<u> </u>	for continued e		and organization	W10 W110 W111	<u> </u>
	101 00111111000	<u></u>			
C4411	D-4 C/4/10	4- 7/21/10			
	Dates: <u>6/4/18</u>			1 00	40.6.00
•		50 per hour x 8 hours a day x	<u> </u>		
		X			<u> </u>
-		miles @	•	= N/A	
Other costs (e	explain):	Not to exceed total \$ amoun			<u> </u>
		]	Fotal Project Cost	$=$ \$\) 3,49	<u>96.00                                   </u>
Contract to be paid from:			Independent Cont	ractor:	
126.64.170.1	340.120		Submit invoice	ce on comple	tion
EE KAH KI	MAHT GRAN	<u>T</u>	Other		
			Employee:		
			Submit times	heet through	payroll
Schools for the	he contractor t	ions constitute an agreement o render services, as indicat greement shall be changed a	ted. In the event of no		
			Tony Wagner		
Contractor's Signature			Principal/Supervisor	r	
SSN/Federal ID Number/EIN			Superintendent		
			1. 0.1 1 24 5	1 1 ID N	1 0 0

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

Date: May 31, 2018

**Yellow – Business Office**