PORT TOWNSEND SCHOOL DISTRICT NO. 50

1610 BLAINE ST, PORT TOWNSEND, WA 98368

CONTRACT FOR SERVICESNon-Employee Contractual Services

NAME OF CONSU	JLTANT:					
VENDOR NAME/o (Mailing Addre	ess)					·
The following servi	ices will be perfor	med by the above	-named o	consultant:		
					_	
DATE(s):				TIME(s):		
EXPENSES:	XPENSES: Fee Travel					
A small fee paid is	round Check Requestern Check Requestern Required and is go	/ For Families / A od for 2-years.	Applicat	ions and Forms / Secu	red Volunteer to the District Business	Office.
Administrator Approval		Date		Signature of Consultant	Date	
Superintendent /Business Mgr	Approval	Date		TIN or SSN Contact Email & Phone		<u> </u>
Purchase Order # _ Program Funding _ Account No.:				- □ Federal Form W-9 non-corporate businessed		ls and