

**SCHOOL ADMINISTRATIVE UNIT NO. 21
HAMPTON, NH 03842
CONTRACTED SERVICE AGREEMENT
DISTRICT FUNDS ONLY**

School Year _____ School District _____

Budget Account #: _____

_____ hereby agrees to provide the following service:

for the period of _____

Compensation for this service will be _____ per hour,
_____ hours per week
_____ weeks of service
_____ flat rate

Total paid not to exceed \$ _____

There are no benefits with this agreement.

Travel/Mileage/Accommodation reimbursements must be approved by the district prior to the start of services. If these reimbursements are part of this contract please **estimate** below:

\$ _____ Airfare
\$ _____ Hotel Accommodations
\$ _____ Meals
of Miles _____ @ current IRS rate \$ _____

This contract may be terminated by either party with thirty (30) days written notice.

Vendor must submit an invoice to be approved by the District before payment may be processed. Payment will be processed within 30 days of receipt of approved invoice.

Signature

Date

Mailing Address

Email Address

Telephone

Tax ID # or Social Security #

NOTE: A completed W-9 must accompany this agreement prior to payment being processed.

SAU #21 Business Administrator

Date