

## CONSULTANT/INDEPENDENT CONTRACTOR SERVICES

| Date   |   |  |  |           |
|--|---|--|--|-----------|
| <b>REQUESTOR INFORM</b><br>Person Requesting Services<br>Campus/Department |   |  |  |           |
| CONSULTANT INFORM  | IATION:   |  |  |           |
| Consultant's Name  |   |  |  |           |
| Social Security Number   |   |  | District Employee                              | Yes 🗖 No  |
| Mailing Address  |   |  |  |           |
| Telephone Number   |   |  |  |           |
| Description of Services  |   |  |  |           |
|  |   |  |  |           |
|  |   |  |  |           |
| Department of Public S   | minal History Rec<br>Cexas Department of<br>ification of Crimin | ord Information F<br>of Public Safety<br>al History Record | orm<br>Information form with documentation fro | om Texas  |
| Date(s) of Services  |   |  |  |           |
| Rate to be Paid  |   |  |  |           |
| Expenses to be Paid  | . <u></u>   |  |  |           |
| TOTAL TO BE PAID   |   |  |  |           |
|  | Signature c   | Signature of Consultant/Independent Contractor             |  |           |
| INFORMATION BELOV  | V TO BE COM   | PLETED BY A  | DMINISTRATOR REQUESTING                        | SERVICES: |
| Contract Approved  | □ Yes   | D No   |  |           |
| Budget Number  |   |  |  |           |
| Approved for Payment   | Date:   |  | Amount:  |           |
| Administrator Approval   | Dat   | te   | Superintendent Approval                        | Date      |