

**ELIZABETH CITY-PASQUOTANK PUBLIC SCHOOLS
P.O. BOX 2247
ELIZABETH CITY, NC 27906-2247**

Professional Services Agreement

The Elizabeth City-Pasquotank Public School System, hereinafter referred to as the Local Education Agency (LEA), and _____, hereinafter referred to as the Contractor, enter into this agreement for professional services as described below in Item I for the period and the daily rate indicated.

I. The Contractor Agrees:

A. To provide professional services as follows (fully describe services, use additional sheet if necessary):

B. Daily Rate of Pay: \$ _____

C. Number of Days: _____

D. Total Consulting Fee: \$ _____
(B. x C. = D. or Total Contract Fee)

E. Period Covered: From: _____, 20____ To: _____, 20____

F. To assume the responsibility of payment of all Federal and State Income Taxes and Social Security applicable to the compensation received and to furnish the LEA a copy of their Social Security Number or EIN.)

G. To furnish to the responsible Funding Source Director upon completion of the services an abstract report of the actual services rendered in the form of an itemized invoice.

II. The Local Education Agency Agrees:

A. To make payment upon completion of services rendered as provided for Items I. D. above, and upon certification by the responsible Funding Source Director and the receipt of a completed expense account itemizing costs.

B. To reimburse the Contractor for actual travel expenses not to exceed the rates listed.

Breakfast	\$8.00/Breakfast	Mileage	\$ 55.5/Mile
	(allowed if departing before 6 a.m.)		
Lunch	\$10.45/Lunch	Rental Car	\$40.00/Day
	(allowed if departing before 10 a.m., or returning after 2 p.m.)		
Dinner	\$17.90/Dinner		
	(allowed if returning after 8 p.m.)		
Room	\$63.90/Night (plus taxes)		

III. Attest

A. Contractor: _____
(Name)

(Phone) (Present Employer)

Address: _____
(Street, City, State, Zip)

(SSN or EIN) (Signature) (Date)

B. LEA Individual Requesting Services:

(Name) (Signature) (Date)

C. Approval – Funding Source Director:

(Name) (Signature) (Date)

IV. Source of Funds:

Budget Code and Title: _____

V. Cost Projection:

Total Consulting Fee
(from P. 1. Section I. D.): _____
(Subhead) (Amount)

Estimated Transportation: _____
(Subhead) (Amount)

Estimated Subsistence: _____
(Subhead) (Amount)

Trip Departure Time: _____ a.m./p.m. Trip Arrival Time: _____ a.m./p.m.

Estimated Lodging: _____
(Subhead) (Amount)

Estimated Other Cost: _____
(Subhead) (Amount)

Total Cost Projection: _____
(Subhead) (Amount)

VI. Certification of Funds:

This is to certify that funds are available for payment of the above-described agreement.

School Business Administrator: _____
(Signature) (Date)

VII. Authorization to Issue Payment:

The Contractor has rendered the services as specified by the terms of the contract and I recommend that the attached invoice be paid as billed.

Funding Source Director: _____
(Signature) (Date)