



14665 Route 22
New Lebanon, NY 12125
(518) 794-9016 ~ FAX (518) 766-5574

Contract for Presenter/Consultant Services

Name of Presenter/Consultant:

Organization:

Address:

Phone: _____

FAX No: _____

Cell:

EMAIL:

Social Security Number or Tax I.D. Number (REQUIRED): _____

Please attach a W-9.

Title of Workshop/Service:

Description: _____

Date(s) of Presentation:

Time(s):

Location:

Materials/Facilities Required: _____

Fee:

Other Expenses: _____

Confirmation (To be completed by Consultant/Presenter)

This is to confirm that the above work will be completed within the stipulated time at the rate quoted above. Any changes in the above quote or contract agreement should be approved by the Superintendent or Assistant Superintendent and the District Purchasing Agent.

After services are completed, an invoice will be submitted, including expense receipts where applicable.

Consultant/Presenter

Date