

NORTHSIDE INDEPENDENT SCHOOL DISTRICT  
5900 EVERS ROAD  
SAN ANTONIO, TEXAS 78238

**CONTRACT / CONSULTANT SERVICE**

PERFORMED FOR: \_\_\_\_\_  
(DEPARTMENT OR SCHOOL)

\_\_\_\_\_  
(ADDRESS)

TYPE OF SERVICE: \_\_\_\_\_  
(AAT / IN-SERVICE / COMM. ED. CLASS / PSY. TEST / ETC.)

LOCATION OF PRESENTATION / SERVICE: \_\_\_\_\_

TITLE OF PRESENTATION / SERVICE: \_\_\_\_\_  
(EX: CLASS NAME)

DATE(S) OF SERVICE: \_\_\_\_\_

STUDENT(S) SERVED: \_\_\_\_\_

FEE: \$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Circle one: (HR / DAY / TEST) (# OF)

OTHER EXPENSES: \_\_\_\_\_ \$ \_\_\_\_\_  
(EX: PREP TIME)

\_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL AMT. DUE..... \$ \_\_\_\_\_

**THE FOLLOWING INFORMATION IS NEEDED ON THE PRESENTER: (PLEASE PRINT)**

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE OF PRESENTER: \_\_\_\_\_  
(I am not a Northside Independent School District employee)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Director or Supervisor)

<b>IF PAID BY SCHOOL:</b>
CHECK DATE: _____
CHECK NUMBER: _____
CHECK AMOUNT: _____
SCHOOL NAME: _____

\_\_\_\_\_  
PURCHASE ORDER NO.