



Livingston County Schools

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Consultant's Agreement

Name _____ Date _____

Title _____ Telephone _____

Address _____ E-Mail _____

_____ Fax _____

Social Security or FEIN Number _____

Consultant for _____

Description of Services to be performed:

Consultant Fee: Per Day/Per hour _____ Number of Days/Hours _____
Total Consultant fee _____

Consultant Expenses: Travel _____ Per Diem _____
Total Consultant Expenses _____

TOTAL DUE _____

Signature for Livingston County School District

Signature of Consultant

Source of Funds _____