COLLEGE STATION INDEPENDENT SCHOOL DISTRICT

GUIDELINES FOR CONSULTANT PAY FORM

Background

The District will engage the services of a consultant when such services are of a short-term or intermittent nature, contribute to the District's mission, and cannot be performed as effectively by a regular or temporary employee. Consultants work independently and not under District supervision.

Consultant services allow the District to:

- Benefit from recognized expertise in a specific field
- Provide for the mutual exchange of professional expertise
- Collaborate on projects of mutual interest
- Support and assist other institutions with the development of educational capabilities and transfer of knowledge
- Encourage the use of District facilities for educational purposes as long as this use is in the District's interest

Under no circumstances may a consultant be used to:

- o Perform work of a managerial, decision-making, or supervisory nature, nor
- May they approve or disapprove actions that commit or expend District funds.

Consultant Pay Form Instructions:

- 1. Complete the form in its entirety
- 2. Request W-9 from Consultant (if new)
 - a. If needed, a blank W-9 is available in Google Docs or online www.csisd.org
 → Departments → Business Office → Forms
- 3. The white, green, and yellow copy of the purchase order will be sent to the requestor.
- 4. Attach the Consultant form and/or invoice to the signed Green copy of the Purchase Order and send to the Business Office for processing for payment.

Consultant Pay Form

For Services Rendered

Is consultant an employ	ee or substitute of	f College Station ISD)?		
	uest for Supplemental / M	_			
☐ No – Continue using		, ,			
☐ W-9 Requested from					
Name of Consultant					
Business Name if Different					
Social Security Number or Phone		Fax	Err	Email	
Tax Payer ID Number		Tax	LII	ian	
Nailing Address					
Mailing Address					
-	City	V	State	Zip	
		1		—P	
Services Rendered:					
Date(s) of Service:					
# of Hours/Days Worked:					
Rate Per Hour / Day:		COST (Rate x # Hours/D	ays) \$		
<i>-</i>		_	Ψ		
Other Costs (explain):	DESCRIPTION	OE COST		AMOUNT	
	DESCRIPTION (UF CUST			
				\$	
				\$	
				\$	
DUDGET CODE.		TOTAL ALITHOD	IZED DAVAGAIT AAAOUAIT		
BUDGET CODE: XXX-X-XX	(-XX-XXX-XX-XXX62XX	——————————————————————————————————————	IZED PAYMENT AMOUNT	\$	
Consultant Pay Statement:					
I have rendered the serv	ices noted above for Co	ollege Station Independ	ent School District.		
Signature of Consultant			_	Date	
Signature	of College Station ISD	Official		Date	

Consultant Pay Form 03-24-2010