



PERSONAL SERVICES CONTRACT GUIDELINES

The Personal Services Contract Form is provided as an alternate method to execute a contract. Independent Contractors are encouraged to provide their own contract for their services.

A Personal Services Contract is required for individuals acting as independent contractors for workshop presentations, consultations, trainings, and programming. A Purchase Order will be sent after the approval of a signed contract. An Independent Contractor must have a business license. The contractor is not subject to any employee taxes or eligible for any employee benefits from the Auburn School District as a result of this contract.

PERSONAL SERVICES CONTRACT

THE PERSONAL SERVICES CONTRACT MUST INCLUDE:

1. **Name** – The name of the individual performing services as an independent contractor.
2. **Beginning Date** – Record the date the contract is to begin.
3. **Ending Date** – Record the last day of the contract.
4. **Amount of Compensation** – Record the amount to be paid to the contractor for services.
5. **Account Code** – Record account code for compensation charge. This is to be recorded by the school district.
6. **Total** – Record the total amount for the services rendered.
7. **Services to be Provided** – Complete with a description of the services and materials to be provided.
8. **Name of Contact** – Record the name of the Auburn School District employee coordinating the contract.
9. **Phone** – Records the Auburn School District contact person's phone number.
10. **Approval** – Complete with signatures of the Budget Administrator, Assistant Superintendent, and Superintendent (if necessary).
11. **Contractor** – Contractor records their name here.
12. **SSN #** - Record Social Security # of the contractor, or EIN #.
13. **Signature** – Signature of contractor
14. **Date** – Date of signature
15. **Forward to Purchasing Office** – Send the completed form to the Purchasing Office for review.



AUBURN SCHOOL DISTRICT NO. 408
915 4TH STREET NE
AUBURN, WA 98002

PERSONAL SERVICES CONTRACT

THIS IS AN AGREEMENT BETWEEN THE AUBURN SCHOOL DISTRICT, HEREINAFTER REFERRED TO AS "DISTRICT" AND _____, HEREINAFTER REFERRED TO AS "CONTRACTOR"

FOR THE PERFORMANCE OF WORK SET FORTH BELOW:

BEGINNING DATE: _____ ENDING DATE: _____

ITEMIZED EXPENSES:

| COMPENSATION | AMOUNT | ACCOUNT CODE |
|--------------|--------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL: _____ NOT TO EXCEED

SERVICES TO BE PROVIDED:

THE CONTACT PERSON BETWEEN THE AUBURN SCHOOL DISTRICT AND THE CONTRACTOR SHALL BE:

NAME: _____ PHONE NUMBER: _____

NO ALTERATION OR VARIATION OF THE TERMS OF THIS CONTRACT AND NO UNDERSTANDINGS OR AGREEMENTS NOT INCORPORATED HEREIN, UNLESS MADE IN WRITING BETWEEN THE PARTIES HERETO, SHALL BE BINDING.

IN PERFORMING SERVICES UNDER THIS AGREEMENT, THE CONTRACTOR IS AN INDEPENDENT CONTRACTOR AND NOTHING HEREIN IS TO BE CONSTRUED AS ESTABLISHING AN EMPLOYER-EMPLOYEE RELATIONSHIP. THE CONTRACTOR AGREES THAT ALL WORK WILL BE PERFORMED IN ACCORDANCE WITH THE HIGHEST PROFESSIONAL STANDARDS.

THE PARTIES HEREBY AGREE THAT NO PERSON SHALL, ON THE GROUNDS OF RACE, COLOR, CREED, NATIONAL ORIGIN, OR SEX, BE EXCLUDED FROM OR DENIED PARTICIPATION IN, OR OTHERWISE SUBJECTED TO DISCRIMINATION UNDER ANY ACTIVITY PERFORMED PURSUANT TO THIS CONTRACT.

THIS AGREEMENT MAY BE TERMINATED BY THE MUTUAL, WRITTEN CONSENT OF BOTH PARTIES.

BUDGET ADMINISTRATOR APPROVAL DATE

ASSISTANT SUPERINTENDENT APPROVAL DATE

SUPERINTENDENT APPROVAL DATE

CONTRACTOR

SSN # (OR W-9 ATTACHED)

SIGNATURE TITLE DATE

PERSONAL SERVICES CONTRACT INVOICE FORM

PERSONAL SERVICES CONTRACT INVOICE INSTRUCTIONS

1. **Attention** – Include the name of the District contact person. When the contractor completes his/her services, they must submit this invoice for payment to the District contact person who will approve the invoice for payment. The invoice will then need to be forwarded to the Business Office for payment processing.
2. **Date** – Complete with date invoice prepared.
3. **Purchase Order #** - Record the PO # that is assigned to the contract. This number must match the PO number for the original contract.
4. **Date of Service** – Record date(s) of service.
5. **Amount** – Complete with amount requested for this portion of the service. Invoices may be submitted for partial payments as portions of the contract are completed. The total amount of all invoices may not exceed the contract amount.
6. **Account Code** – Include the account code listed on the contract.
7. **Days Worked** – Complete if more than one day worked.
8. **Final Payment** – Check appropriate box.
9. **Approval Signature** – Must be signed by the Budget Administrator.
10. **Forward to Accounts Payable** – After completion, send to Accounts Payable for payment.



PERSONAL SERVICES CONTRACT INVOICE

TO:

AUBURN SCHOOL DISTRICT NO. 408

DATE: _____

PURCHASE ORDER # _____

ATTN: _____

915 4TH ST. NE

AUBURN, WA 98002

I HERBY CLAIM PAYMENT FOR CONTRACTUAL SERVICES PROVIDED TO
THE AUBURN SCHOOL DISTRICT ON: _____

| | AMOUNT | ACCOUNT CODE |
|------------------------------|----------|--------------|
| 1. COMPENSATION FOR SERVICES | \$ _____ | _____ |
| 2. OTHER: | | |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| TOTAL DUE: \$ _____ | | |

I HERBY CERTIFY THAT THIS A DUE AND JUST CLAIM THAT
HAS NOT BEEN PREVIOUSLY PAID.

DAYS WORKED

| DATE | HOURS | NAME (PLEASE PRINT) | |
|-------|-------|---------------------|-----------|
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| | | SIGNATURE | DATE |
| | | _____ | _____ |
| | | STREET ADDRESS | TELEPHONE |
| | | _____ | _____ |
| | | CITY | STATE ZIP |
| | | _____ | _____ |

IS THIS A FINAL PAYMENT?

YES NO

AUBURN SCHOOL DISTRICT APPROVAL SIGNATURE

DATE