Bibb County Board of Education
157 S.W. Davidson Drive
Centreville, Alabama 35042
Phone (205) 926-9881 Fax (205) 926-5075

AGREEMENT FOR CONTRACTED SERVICES

Consultant

The Bibb County Schools and _____ agree to following conditions:

Services to be provided: _____
_____
_____
_____

Dates services will be provided: _____
_____

Compensation: _____

_____ _____/____/_____
Consultant's Name (Print) Consultant's S.S. #

_____
_____ ( ) -
_____ Phone Number
Mailing Address

_____ _____
Consultant's Signature Date

Principal/Program Administrator

___ Submitting Contract for Board Approval

_____
Principal/Program Administrator Signature

_____
Date

___ Submitting Second Copy for Payment

I verify that the contracted services were performed.
Payment should be made in the amount of:

$_____Fee
$_____Other
Specify
_____
Principal/Program Administrator Signature

Indicate Source of Funds

___ General ___Title II ___IDEA-B ___Title IV-Safe and Drug Free Schools
___ Title I ___ Title VI ___CNP ___ Other_____

Central Office Approval

_____ _____
Superintendent Date

_____
Date Paid