

**MEMORANDUM OF AGREEMENT**

COLUMBUS COUNTY SCHOOLS  
Post Office Box 729  
Whiteville, NC 28472  
Telephone (910) 642-5168 Fax (910) 640-1010

This Agreement between Columbus County Schools and

Referred to us as a consultant, who agrees to perform professional services by consulting and/or conducting classes in the following area(s):

**at:**

On: \_\_\_\_\_

This contract is for a Total of   
Contract includes: Consultant Fee \_\_\_\_\_  
Food \_\_\_\_\_  
Lodging \_\_\_\_\_  
Mileage \_\_\_\_\_ @ 57.5¢

The consultant agrees to pay all withholding taxes and social security payments. Columbus County Schools (central office or school issuing contract) is required to pay matching social security and retirement for consultants who are Columbus County School employees.

Signed \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

If there are additional supplies, materials, or equipment necessary for the workshop, please specify or attach a list. \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(Principal)

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(Director)

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(Superintendent)

Fund Code: \_\_\_\_\_