

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 _____ @ 51¢

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: _____