



CONSULTANT/PROFESSIONAL AGREEMENT

I, _____, agree to provide the Ohio Hi-Point Vocational School District with Consultant/Professional Services as identified below.

IDENTIFIED SERVICE(S):

LOCATION OF SERVICE(S):

DATE AND TIME OF SERVICE(S):

FEE FOR SERVICE(S):

Consultant/Professional Fee (to include mileage)

Hotel Room (receipt attached)

Other Costs (please itemize below, attach receipts)

TOTAL COST:

Consultant's Signature _____

Social Security# _____

Mailing Address _____

Telephone # _____

FOR OFFICE USE ONLY

Account # _____

Purchase Order # _____

Verified _____
Director/Supervisor/ Superintendent