

**DOUGHERTY COUNTY SCHOOL SYSTEM  
CONSULTANT COMPENSATION AGREEMENT  
(NON EMPLOYEES ONLY)**

This Agreement is voluntarily entered into between the Dougherty County School System and \_\_\_\_\_ for consultative services.

(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/State/Zip)

Services to be provided: \_\_\_\_\_  
\_\_\_\_\_

Detailed information as to services and dates will be provided in writing and attached to this agreement when needed.

Expenditures will be charged to: \_\_\_\_\_ Program.

Services will be provided at the rate of \$\_\_\_\_\_ per hour **or** \$\_\_\_\_\_ per day for \_\_\_\_\_ hours/days **or** a flat rate of \$\_\_\_\_\_. Subsistence expense will be paid not to exceed \$\_\_\_\_\_ per day.

From \_\_\_\_\_ To \_\_\_\_\_.  
(Month/Day/Year) (Month/Day/Year)

Airfare will be paid or mileage @ \_\_\_\_\_ per mile for \_\_\_\_\_ miles.

This document only sets the stage for the work to be provided. Invoice for fees charged and an expense statement must be turned into Business Services containing the following: Name and social security number, dates and times work was provided and signature of Program Director. No funds can be paid without this information.

Only expenses provided for in this agreement will be reimbursed.

Any materials of Final Product resulting from this period of service will become the sole property of the Dougherty County School System.

\_\_\_\_\_  
(Consultant's Signature) (Date) (Social Security/Federal ID #)

\_\_\_\_\_  
(Program Director's Signature) (Date) (Program Title)

\_\_\_\_\_  
(Account Number)

\_\_\_\_\_  
(Executive Director, Finance & Operational Services)

\_\_\_\_\_  
(Date)