Requisition Number:	
District Agreement Number:	



(Print) Company/Individual Name			
Street Address (PO Boxes Prohibited)			
City	State	Zip Code	
()	(- 1411	
Telephone	Fax	E-mail Address	
FED Tax ID No. / Social Security No:		Attach IRS Form W9	
	(Check one below)		
Individual/Sole Proprietorship	Partnership Corporation/LLC	Non-Profit (501c3)/Government Inst.	
Authorized Representative Name Title	e Signature		
The state of the s	olg.lataro	Date	
		s and Conditions of the Purchase Order,	
Terms and Conditions will prevail. The		e event of a conflict, these Purchase Order re:	
·			
nttps://stair.sandiegounified.org/departments/s	strategic_sourcing_and_contracts_and_purcha	sing/purchase_order_general_terms_and_conditions	
(<u>CHE</u>	CK ONE OF THE CLASSIFICATIONS BE	LOW)	
DESCUIPCE PERSON A reco	nanized expert in his/her field (nerform	ing artist, student or parent attending the	
	•	t, grant writer, and any other) who provides	
services for instructional and in			
	ER. Independent contractor who provide and therapy	es direct pupil services including health	
programs, guidance counseling	, and therapy.		
DESCRIPTION OF SERVICES:			
_		End Date of Service	
Attach Scope of Work/Quote (Scope of Work)	pe of work/Quote shall state times ar	nd days of service, total cost, and location)	
vate School Name Department/Location Code (4digit)			

RESPONSIBILITIES OF INDEPENDENT CONTRACTOR

- 1. The Contractor will provide all materials and support services necessary for the performance of this service. The District should not be providing office space on a regular basis, clerical, secretarial, or other support for the Independent Contractor such as materials, copying, printing, office supplies, etc.
- 2. The Contractor shall be paid by the job or upon completion and acceptance of the work as a whole.
- 3. The Contractor must bear the cost of any travel and business expenses incurred to perform this service. Generally, the Independent Contractor will pay the cost of any travel and business expenses incurred to perform the work. However, some agreements may be made to provide for payment of airfare, mileage, etc. for consultants.

District Representative Name:		Title:	Date:	
Signature:	Email:		Phone No:	
District Director/Executive Name:		Date:	Signature:	
Email:				