DEO 4	Gadsden Independent School District No. 19			Payroll
REQ #	P.O. Draw		2004	Non-Payroll
	Anthony, New Mexic		38021	
	CONTRA		CDDDAKEN	
	CONTRA	CTED SERVICES A		
The following professional/te	chnical semilors are contrac	John &	EMENT be,	Payee, and the Department for
Instruction, department of pro				_1 ayoo, and <u></u>
	20 → 10 may 20 00 member 20 to 10 10 10 member 20 member 10 membe			
SERVICES TO BE RENDER	<u>(ED</u>		DATES OF SERVIC	E August 1 2005- June 30, 20
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of theer of	actività	a pur test	KelulioTn.	Jun 30,25
PAYMENT TO BE MAD	E	2, 1	- Juda i Lin	١,
	upon completion of ser	vices		
	nst time sheets or invoic			
(c) Other: TO B	E PAID PER INVOICE			
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
PAYMENT COMPUTED				
Compensation i	or services			
(a) Hourly rate of	\$X number of	hours	2	Total
	er day for day		S	Total
(c) Lump sum pa	yment for services		5-19	ST GST Wal
(d) Other:	pts Tax (on services only -See	<u> </u>	\$	Total
	ots Tax (on services only -See	Optional Below)	\$	Total
Other:			\$	Total Total
Transportation (details ty			3	
Per Diem (			\$	Total
Per Diem (	days @ \$	_ per day)	\$\$ \$ <u></u> \$	Total 5 6 50 Total
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Control Agent

Date

CSA # REQ #	P.O.	t School District No. 19 Drawer 70 ew Mexico 88021	Payroll
	Antesuy		
	CONTRACTED SI	ERVICES AGREEMENT	turns
The fo	ollowing professional/technical services are contracted between colon, department of program of the Cladedon independent Sch	ool Dietrict No. 19	Tayor, and are respective
	CO Other: TO BE PAID PER INVOICE	A LENG OF CENTAL	Avoust 1, 275 June 30, 2006
PAY	YMENT COMPUTED AS POLLOWS Compensation for services		
Tra Per Tot Az	(a) Hourly rate of \$X number of hours	only the services stipulated above, to SD #19: that I am not covered by un	employment insurance, workers
cor	repensation, educational retirement, social security or an formance of these services.	y other benefits; and that I am hable	for my actions and property in the
Per	yee Signature	Social Security # or Fede	mai Tax ID#
Ma	ailing Address (Street or PO Box / City / State / Zip Cod	(e)	
Ş	DNTRACT APPROVED:		
1)	Control Agent Date	3) Assistant Superintendent for Pi	nance Date
2)	The state of the s		
	Superintendent or Assistant Supt. Date	Fund Code Line Item	Dept. Location
Al an	PPROVED FOR PAYMENT: I/We certify that the served that no part thereof has been paid.	toes have been performed and/or the	expense incurred as stated above,