CSA # _____
REQ # ____

Gadsden Independent School District No. 19
P.O. Drawer 70
Anthony, New Mexico 88021

Payroll _____
Non-Payroll _____

CONTRACTED SERVICES AGREEMENT

The following professional/technical services are contracted between *Software West Inc,* Payee, and the Department for
Instruction , department of program of the Gadsden Independent School District No. 19

SERVICES TO BE RENDERED   DATES OF SERVICE *August 1 2005 -*
Contractor for service learning   *June 30, 2006*
grant year 2 activities put tasks/milestones.

PAYMENT TO BE MADE
_____ (a) In a lump sum upon completion of services
_____ (b) Monthly against time sheets or invoice
__X__ (c) Other: __TO BE PAID PER INVOICE__

PAYMENT COMPUTED AS FOLLOWS
Compensation for services

_____ (a) Hourly rate of $_____ X number of hours_____ $_____ Total
_____ (b) $_____ per day for _____ days $_____ Total
__X__ (c) Lump sum payment for services $ *19,556.50* Total
_____ (d) Other: _____ $_____ Total
Plus_____ %(Gross receipts Tax (on services only –See Optional Below) $_____ Total
Other: _____ $_____ Total
Transportation (details type and attach tickets/receipts) $_____ Total
Per Diem (_____ days @ $_____ per day) $_____ Total
Total $ *19,556.50* Total

As the Payee, I understand that I am contracting to perform only the services stipulated above, that I will perform these services
as an independent contractor and not as an employee of GISD #19; that I am not covered by unemployment insurance, workers'
compensation, educational retirement, social security or any other benefits; and that I am liable for my actions and property in the
performance of these services.

_____   _____
Payee Signature   Social Security # or Federal Tax ID #

_____
Mailing Address (Street or PO Box / City / State / Zip Code)

CONTRACT APPROVED:

1) _____   3) _____
   Control Agent   Date   Assistant Superintendent for Finance   Date

2) _____   _____
   Superintendent or Assistant Supt.   Date   Fund Code   Line Item   Dept.   Location

APPROVED FOR PAYMENT: I/We certify that the services have been performed and/or the expense incurred as stated above,
and that no part thereof has been paid._____
                                          Control Agent   Date

CSA #
REQ # ___

Gadsden Independent School District No. 19
P.O. Drawer 70
Anthony, New Mexico 88021

Payroll _____
Non-Payroll _____

CONTRACTED SERVICES AGREEMENT

The following professional/technical services are contracted between _Willow Glen Productions_, Payee, and the Department for
Instruction , department of program of the Gadsden Independent School District No. 19

SERVICES TO BE RENDERED   **DATES OF SERVICE**

Contractor for service learning under direction   August 1, 2005 -
of program Mart Inc. Year 2 activities and   June 30, 2006
tasks/milestones attached.

PAYMENT TO BE MADE
_____ (a) In a lump sum upon completion of services
_____ (b) Monthly against time sheets or invoice
__X__ (c) Other: TO BE PAID PER INVOICE

PAYMENT COMPUTED AS FOLLOWS
    Compensation for services

_____ (a) Hourly rate of $_____ X number of hours _____	$_____ Total
_____ (b) $ _____ per day for _____ days	$_____ Total
__X__ (c) Lump sum payment for services	$ 11,800 Total
_____ (d) Other: _____	$_____ Total
Plus_____ %(Gross receipts Tax (on services only –See Optional Below)	$_____ Total
Other: _____	$_____ Total
Transportation (details type and attach tickets/receipts)	$_____ Total
Per Diem (_____ days @ $_____ per day)	$_____ Total
Total	$ 11,800 Total

As the Payee, I understand that I am contracting to perform only the services stipulated above, that I will perform these services as an independent contractor and not as an employee of GISD #19; that I am not covered by unemployment insurance, workers' compensation, educational retirement, social security or any other benefits; and that I am liable for my actions and property in the performance of these services.

_____   _____
Payee Signature   Social Security # or Federal Tax ID #

_____
Mailing Address (Street or PO Box / City / State / Zip Code)

CONTRACT APPROVED:

1) _____   3) _____
    Control Agent   Date   Assistant Superintendent for Finance   Date

2) _____
    Superintendent or Assistant Supt.   Date   Fund Code   Line Item   Dept.   Location

APPROVED FOR PAYMENT: I/We certify that the services have been performed and/or the expense incurred as stated above, and that no part thereof has been paid.

_____
                              Control Agent   Date