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

Payroll ___
Non-Payroll ___

Vend: #

CONTRACTED SERVICES AGREEMENT

The following professional/technical services are contracted between Rebecca Basueta Payee and Nursing Dept. department or program of the Gadsden Independent School District No. 19

SERVICES TO BE RENDERED **DATES OF SERVICE**

RECEIVED
FEB 15 2006
PURCHASING ACCOUNTS

PAYMENT TO BE MADE
___ (a) As a lump sum upon completion of services
X (b) Monthly against time sheets or invoice
___ (c) Other: _____

PAYMENT COMPUTED AS FOLLOWS
Determination for services

X (a) Hourly rate of $ 10.00 X number of hours 304 = $ 3,040.00 Total
___ (b) $ _____ per day for _____ days = $ _____ Total
___ (c) Lump sum payment for services = $ _____ Total
___ (d) Other: _____ = $ _____ Total
Plus 5.8125 % Gross Receipts Tax (on services only-see option Below) (5.8125) = $ 176.70 Total
Other: _____ = $ _____ Total
Travel expenses (detail type and attach schedule/receipts) = $ _____ Total
Per Diem (_____ days @ $ _____ per day) = $ 3,216.70 Total
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 #

2351 Sentenario Anthony, NM 88021
Mailing Address (Street or PO Box / City / State / Zip Code)

Gross Receipts Option (Must Choose One):

(a) _____
New Mexico Gross Receipts Tax ID # (Tax to be paid to Payee)

or

(b) I do not have NM Tax ID# I want GISD #19 to remit the tax to the State of New Mexico on my behalf.

COUNTY ACT APPROVED

1) _____ 2/15/06
Control Agent Date

3) _____
Assistant Superintendent for Finance Date

2) _____
Buyer Assistant 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

_____
General Agent