

Cost Center _____
G/L Account _____

**Lake Wales Charter Schools
P.O. Box 3309
Lake Wales, Florida 33859-3309**

CONSULTATIVE SERVICES AGREEMENT

_____ hereby agrees to perform the following services(s)
for the Lake Wales Charter Schools, Polk County, Florida:

on _____ at _____
(Dates) (Location)

under the direction of _____
Program Coordinator

The Lake Wales Charter Schools agrees to pay consultation fees as set forth below. Travel Reimbursement, if provided, will be paid in accordance with Chapter 112.061, Florida Statutes and related LWCS Board Rules.

	<u>Description</u>		<u>Amount</u>
Consultative Services	_____ days/hrs	@ _____ rate	_____
Estimated Travel & Per Diem Reimbursement			_____
Other Expenses (attach explanation)			_____
		TOTAL	_____

Payment shall be made after the completion of services based on duly executed reimbursement request forms according to the following schedule:

For The Consultant

**For Lake Wales Charter Schools, Inc.
School:**

Employer I.D. No. or Social Security No. (If Individual)

Signature Date

Consultant (Type or Print)

Address

City State Zip

Principal or Director Date

Superintendent of LWCS Date

**NOTE: THIS AGREEMENT IS TO BE SIGNED AND APPROVED PRIOR TO SERVICES BEING RENDERED.
TWO ORIGINALS ARE TO BE SUBMITTED TO JULIE HOOD IN FINANCE.
*PROPER APPROVAL FROM TITLE I AND/OR TITLE II FUNDS MUST BE OBTAINED FIRST
THROUGH POLK COUNTY SCHOOL BOARD PERSONNEL.**