

Consultant Agreement Form



I, _____ agree to provide the Allen County Educational Center with Consultant Services as identified.

\$ _____ Cost for Service(s)

Date(s) of Services Rendered

IDENTIFIED SERVICES:

Consultant's Name (Printed)

Consultant's Signature

Date

Address, City, State Zip

Phone Number

Director's Signature

Date

Approved by: _____
(Superintendent/Allen County ESC)