



**CARTERET COUNTY PUBLIC SCHOOLS  
PROFESSIONAL SERVICE AGREEMENT**

The Carteret County Public School System, hereinafter referred to as the Local Agency, and \_\_\_\_\_, hereinafter referred to as the Contractor, enter into this agreement for professional services as described in Item I for the period stated and at the daily rate of pay indicated below:

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I. The Contractor Agrees:

A. To provide professional services as follows (fully describe the services):

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B. Rate of Pay/Fee: \_\_\_\_\_  
Number of Days: \_\_\_\_\_

C. Date(s) of Services: From \_\_\_\_\_ To \_\_\_\_\_  
(Contract should be executed prior to date of services)

D. To assume the responsibility of payment of all Federal and State income taxes and Social Security applicable to the compensation received. (Will furnish copy of Social Security Number or EIN Number).

E. When requested, furnish to the responsible Program Director upon completion of the services, an abstract report of the actual service rendered. (Will be filed in Program Director's office).

F. Request of travel expenses should be made on a Carteret County Public School System's travel reimbursement form upon completion of service when applicable. A travel form will accompany this contract. (Receipts for expenses such as travel, hotel, etc. should be attached to the travel reimbursement form).

G. To make arrangements with local employer that State guidelines prohibiting dual employment for the same time period is met. (If the contractor is a NC state employee, the Program Director will have arrangements made on file with information in Item E above).

II. The Local Agency Agrees:

To make payment upon completion of service rendered as provide for in Items I – B and I – F above, and upon certification by the responsible Program Director and the receipt of a completed expense account itemizing costs on a daily basis.

III. Attest:

A. Contractor's Information (This section is to be completed by Contractor)

\_\_\_\_\_  
Print Name of Contractor                      Signature of Contractor                      Date

Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
(Street or PO Box)                      (City)                      (State)                      (Zip)

B. Local Agency Approval – Director/Principal

\_\_\_\_\_  
Name of Program Director                      Signature of Program Director                      Date

IV. Source of Funds:

A. Budget/Account Code and Title \_\_\_\_\_

Presentation Fee: \_\_\_\_\_

Transportation Expenses Provided: \_\_\_\_ Yes \_\_\_\_ No

Per Diem (Meals at State Rate): \_\_\_\_ Yes \_\_\_\_ No

B. Certification of Funds:

Signature of Carteret County Public School System's finance officer verifies that funds are available for payment at the fee stated above. Signature should be obtained prior to the commitment of funds.

\_\_\_\_\_  
Signature of Finance Officer                      Date

V. Approval of Payment:

I certify that \_\_\_\_\_ has fulfilled the terms of this contract.

\_\_\_\_\_  
Signature of Program Director                      Date