

**CONTRACTING/PURCHASING  
FORMS**

**Purchasing Procedures**

**E 3301.5**

**PERSONAL SERVICES REQUEST**

Date Submitted \_\_\_\_\_ Board Date Requested \_\_\_\_\_  
(Must be submitted at least fifteen (15) calendar days prior to Board Meeting)

Legal Name of Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

Description of Service \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Service: \_\_\_\_\_  
Fee: \$ \_\_\_\_\_ ( )Single Amount ( )Hour ( )Month ( )Other: \_\_\_\_\_  
Total not to exceed: \$ \_\_\_\_\_ ( )including expenses ( )plus expenses: \_\_\_\_\_  
Payment date(s) requested: ( )upon completion ( )end of month ( )Other: \_\_\_\_\_  
Payment address (if different from above): \_\_\_\_\_  
District Contact Person: \_\_\_\_\_ Extension No. \_\_\_\_\_  
Contractor Contact Person: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SITE ADMINISTRATOR**

**BUSINESS OFFICE**

\_\_\_\_\_  
Site Administrator  
Date \_\_\_\_\_

\_\_\_\_\_  
Business/Personnel Director  
Date \_\_\_\_\_

**TO BE COMPLETED BY PURCHASING DIVISION**

Agreement No. PS- \_\_\_\_\_ Approved \_\_\_\_\_ Sent out \_\_\_\_\_ Documents returned \_\_\_\_\_  
Board Date Date Date

**TO BE COMPLETED BY ACCOUNTS PAYABLE**

Invoice Received \_\_\_\_\_ W-9 Received? ( )Yes ( ) No Services completed? ( ) Yes ( ) No

Copies To: Accounts Payable - Purchasing - Requestor

**PERSONAL SERVICES CONTRACTORS**

**INVOICE/COMPLETION NOTICE**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contract No. Ps \_\_\_\_\_

Date \_\_\_\_\_

**TO BE COMPLETED BY REQUESTOR**

Account Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Contractor \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Services Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) The service(s) covered by the Agreement are PARTIALLY complete and this is Invoice, number \_\_\_\_ of \_\_\_\_ . \$ \_\_\_\_\_ has previously been invoiced.

( ) The services covered by the Agreement have been COMPLETED.

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY CONTRACTOR/PAYEE**

Make check payable to: \_\_\_\_\_

Please type or print

Address \_\_\_\_\_

City

State

Zip

Contractor/Payee Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies To: - Accounts Payable -

**AGREEMENT FOR PERSONAL SERVICES**

THIS AGREEMENT is hereby entered into by the \_\_\_\_\_  
DISTRICT, hereinafter referred to as DISTRICT, and:

\_\_\_\_\_  
CONSULTANT SOCIAL SECURITY NUMBER

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

Here-in-after referred to as CONSULTANT.

CONSULTANT agrees to provide to DISTRICT the services enumerated in Section G of this Agreement under the following terms and conditions:

- A. Services shall begin on \_\_\_\_\_ and shall be completed on or before \_\_\_\_\_.
- B. CONSULTANT understands and agrees that he and all of his employees are not employees of the DISTRICT and are not entitled to benefits of any kind or nature normally provided employees of the DISTRICT and/or to which DISTRICT employees are normally entitled, including, but not limited to, State Unemployment Compensation or Workers' Compensation. CONSULTANT shall assume full responsibility for payment of all Federal, State and local taxes or contributions including Unemployment Insurance, Social Security, and Income Taxes with respect to CONSULTANT'S employees.
- C. CONSULTANT shall furnish, at his own expense, all labor, materials, equipment and other items necessary to carry out the terms of this Agreement.
- D. In the performance of the work herein contemplated, CONSULTANT is an independent contractor, with the authority to control and direct the performance of the details of the work, DISTRICT being interested only in the results obtained.
- E. CONSULTANT agrees to defend, indemnify and hold harmless the DISTRICT, its Board of Trustees, employees and agents from any and all liability or loss arising in any way out of CONSULTANT'S negligence in the performance of this Agreement, including but not limited to any claim due to injury and/or damage sustained by CONSULTANT, and/or the CONSULTANT'S employees or agents.
- F. CONSULTANT shall provide DISTRICT with a Certificate of Insurance showing a minimum \$1,000,000 combined single limits of general liability and automobile coverage as required by the DISTRICT.

G. Services to be rendered to the DISTRICT by the CONSULTANT are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Support services to be provided by the District include: (List such items as office space, telephone, photocopier, clerical, office supplies etc.).

\_\_\_\_\_  
\_\_\_\_\_

I. Neither party shall assign or delegate any part of this Agreement without the written consent of the other party.

J. The work completed herein must meet the approval of the DISTRICT and shall be subject to the DISTRICT'S general right of inspection and supervision to secure the satisfactory completion thereof. CONSULTANT agrees to comply with all Federal, State, Municipal and District laws, rules and regulations that are now, or may in the future become applicable to CONSULTANT, CONSULTANT'S business, equipment, and personnel engaged in operations covered by this Agreement or accruing out of the performance of such operations.

K. Payments will be made by the DISTRICT to the CONSULTANT as follows:

\_\_\_\_\_

This Agreement may be terminated by either party notifying the other, in writing, at least \_\_\_\_\_ days prior to the date of termination.

THIS AGREEMENT IS ENTERED INTO THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

FOR THE DISTRICT:

FOR THE CONSULTANT:

\_\_\_\_\_  
NAME NAME

\_\_\_\_\_  
TITLE TITLE

\_\_\_\_\_  
DATE DATE

\*\*\*\*\*

**NOTE:** PARAGRAPHS "E" AND "F" ABOVE ARE HEREBY WAIVED IF THIS WAIVER IS SIGNED BELOW BY THE DISTRICT REPRESENTATIVE WHO HAS AUTHORIZED THIS AGREEMENT BY SIGNING ABOVE.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

**E 3310**

**TO:**

**FROM:**

**RE: EMERGENCY VENDOR LIST**

The Calanywhere School District is assembling an approved emergency vendor list to provide emergency repair services to the district as the need arises.

If you wish to be considered for this list, please complete the following:

1. Sign and return the enclosed hold harmless and indemnification agreement.
2. Have your insurance broker/agent send the district a Certification of Insurance.
3. Have your insurance broker/agent request from your insurance company an Additional Insured Endorsement naming the district as an additional insured.

Return the above to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note, being placed on the approved vendor list does not guarantee that the district will request emergency services from your firm.**

**CALANYWHERE SCHOOL DISTRICT**

**E 3310.1**

**VENDORS HOLD HARMLESS AND INDEMNITY AGREEMENT**

If called upon by the Calanywhere School District to provide emergency services, the undersigned, agrees to defend, indemnify and hold harmless the Calanywhere School District, its Board of Trustees, agents and employees, individually and collectively, from and against all costs, losses, claims, actions, and judgements arising from personal injuries, including injuries to vendor's employees and agents, property damage or otherwise, that may arise from or be alleged to be caused in any way by the undersigned's products or services.

Name (Please Print) \_\_\_\_\_ Telephone \_\_\_\_\_

Business  
Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_