



315 N French Ave
Arlington, WA 98223
360-618-6200

ASB SERVICES CONTRACT

Non-District Employee

1. **PARTIES.** The parties to this Professional Services Contract are the ARLINGTON PUBLIC SCHOOLS NO. 16 ("District") and ("Contractor").

No employer - employee relationship is established by this Contract and no assumption of liability is implied or expressed. This contract is effective beginning and will terminate on unless mutually extended.

2. **SERVICES PROVIDED BY CONTRACTOR.** The contractor will provide the following services:

3. **COMPENSATION.** The ASB/School will pay the Contractor a fee of \$ in the form of a check for specified services.

CONTRACTOR	DISTRICT APPROVAL
<p>SIGNATURE _____</p> <p>PRINT NAME <input style="width: 90%;" type="text"/></p> <p>ADDRESS <input style="width: 90%;" type="text"/></p> <p>CITY, STATE, ZIP <input style="width: 90%;" type="text"/></p> <p>SSN/FEDERAL ID <input style="width: 90%;" type="text"/></p> <p>UBI NUMBER <input style="width: 90%;" type="text"/></p> <p>PHONE <input style="width: 90%;" type="text"/></p> <p>DATE <input style="width: 90%;" type="text"/></p>	<p>PRINCIPAL'S SIGNATURE _____</p> <p>ASB SIGNATURE _____</p> <p>DATE <input style="width: 80%;" type="text"/></p> <p>BUDGET NUMBER <input style="width: 80%;" type="text"/></p> <p>ASB ADVISOR _____</p> <p>ASB STUDENT OFFICER _____</p> <p>ASB BOOKKEEPER _____</p>

District Office Approval _____

Date