

AISD Fine Arts Department

300 Rivercrest Blvd.

Allen, Texas 75002

Updated 5/1/17

Contract Agreement

Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone Number: _____

Honorarium: _____ days @ _____ /day \$ _____

_____ hours @ _____ /hour \$ _____

Total Reimbursement Due: \$ _____

Signature of Consultant

Last Four of Social Security #

The information below is to be completed by the Allen ISD employee in charge of the event.

Name of Workshop _____

Dates From _____ To _____

Times From _____ To _____

Workshop Location _____

Workshop Conducted for _____ Campus/Department

Campus Person in Charge (print) _____

Campus Person in Charge (signature) _____

Account # _____

PO# _____ Date Received: _____

For Back-up Only. Not to be Submitted to Payroll