

G/L Account _____

Cost Center _____

Lake Wales Charter Schools
P.O. Box 3309
Lake Wales, Florida 33859-3309

CONSULTATIVE SERVICES AGREEMENT

_____ hereby agrees to perform the following services(s)
for the Lake Wales Charter Schools, Polk County, Florida:

on _____ at _____
(Dates) (Location)

under the direction of _____
Program Coordinator

The Lake Wales Charter Schools agrees to pay consultation fees as set forth below. Travel Reimbursement, if provided, will be paid in accordance with Chapter 112.061, Florida Statutes and related LWCS Board Rules.

Description	Amount
Consultative Services _____ @ _____ days/hrs rate	_____
Estimated Travel & Per Diem Reimbursement	_____
Other Expenses (attach explanation)	_____
TOTAL	_____

Payment shall be made after the completion of services based on duly executed reimbursement request forms according to the following schedule:

For The Consultant

**For Lake Wales Charter Schools, Inc.
School:**

Employer I.D. No. or Social Security No. (If Individual) _____

Signature _____ Date _____

Principal or Director _____ Date _____

Consultant (Type or Print) _____

Address _____

Superintendent of LWCS _____ Date _____

City _____ State Zip _____

NOTE: Certificate of Insurance and Completed W-9 must be submitted with Contracted Services Agreement before work begins.