

GADSDEN INDEPENDENT SCHOOL DISTRICT NO. 19

P.O. Drawer 70
Anthony, NM 88021

CSA #
Vendor #

Payroll
Non-Payroll

CONTRACTED SERVICES AGREEMENT

The following professional/technical services are contracted between Carmen Arrieta Candelaria Payee, and Finance department or program of the Gadsden Independent School District No. 19

SERVICES TO BE RENDERED

DATES OF SERVICE

Preparation of monthly bank reconciliations for 01/13/08 - 02/29/08 fiscal year 2006-07; and other assistance as requested and as time permits.

PAYMENT TO BE MADE

- (a) In a lump sum upon completion of services
X (b) Monthly against time sheets of invoice
(c) Other:



PAYMENT COMPUTED AS FOLLOWS:

Compensation for services

- X (a) Hourly rate of \$ 75.00 X number of hours 100
(b) \$ per day for days
(c) Lump sum payment for services
(d) Other:

Plus 5.9375 % Gross Receipts Tax (on service only-see option below)

Other

Transportation (detail type and attach tickets/receipts)

Per Diem (days @ \$ per day)

Total

\$ 7500.00 Total
\$ 445.31 Total
\$ Total
\$ Total
\$ Total
\$ 7945.31 Total

As the Payee, I understand that I am contracting to perform only the services stipulated above; that I will perform these services as an independent contractor and not as an employee of GISD #19; that I am not covered by unemployment insurance, workers' compensation, educational retirement, social security, or any other benefits; and that I am liable for my actions and property in the performance of these services.

Payee Signature

Social Security # or Federal Tax ID #

Mailing Address (Street or PO Box / City / State / Zip Code)

Gross Receipts Option (Must Choose One)

(a) SS# New Mexico Gross Receipts Tax ID # (Tax to be paid to Payee)

X

(b) I do not have NM Tax ID #. I want GISD #19 to remit the tax to the State of New Mexico on my behalf

CONTRACT APPROVED:

1) Control Agent Date

(3) Assoc. Superintendent for Finance Date

2) Superintendent or Associate Supt. Date

11000.2500.53414.0000.019000.0000.09.0000
Fund Code Line Item Dept. Location

APPROVED FOR PAYMENT: I/We certify that the services have been performed and/or the expense incurred as stated above, and that no part thereof has been paid.

Control Agent