



**LITTLE WOUND SCHOOL  
CONSULTANT AGREEMENT**

**Name/Program:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Employer Tax ID No.:** \_\_\_\_\_

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(Consultant must submit completed W-9)

**Scope of Work Objectives:** \_\_\_\_\_

\_\_\_\_\_

<b>Project Objectives:</b>	<b>Starting Dates</b>	<b>Ending Dates</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Final Outcomes:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

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**Cost Breakdown:**

**Professional:** \_\_\_\_\_

**Airfare:** \_\_\_\_\_

**Mileage:** \_\_\_\_\_

**Lodging:** \_\_\_\_\_

**Meals:** \_\_\_\_\_

**Car Rental:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Total Cost:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_