

**COASTAL PLAINS EDUCATION CHARTER HIGH SCHOOL
CONTRACT FOR SERVICES**

Check made payable to: _____

I am retired Georgia TRS recipient: Yes ___ No ___ If yes, salary retirement based on _____

Incorporated _____ LLC _____ Sole Proprietor _____

Do you have other employees helping you perform this service? Yes ___ No ___

If yes, please provide E-Verify number _____

Name of Contractor: _____
Last First Middle/Maiden

Home Address: _____
Street P.O. Box
City State Zip

Social Security # or FEI _____ Phone _____

Employee Who Initiated Contract: _____

Date Services Rendered: _____

The above named individual hereby agrees to perform the following service for the Coastal Plains Education Charter High School:

DESCRIPTION OF SERVICES:

This contract covers the period _____ to _____, unless terminated in writing at an earlier date by either of the contracting parties on the basis of mutual consent, payment will be subject to the submission of properly executed and approved documentation.

Payment per hour/day/service _____

Payment is not to exceed _____

Executive Director

Site Director or Program Coordinator

Provider of Services

Funding Code