

WEST LAS VEGAS SCHOOLS

179 Bridge Street, Las Vegas, NM 87701

Phone (505) 425-2300

Fax (505) 426-2318

ADDITIONAL SERVICES CONTRACT

Authorized Agent: _____ Sponsoring Program: _____

Employee: _____ Social Security #: _____ Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date(s) Services are to be Provided: _____ Site Where Services are to be Provided: _____

Pay per hour: _____ Number of hours work per day: _____ Total Contract Amount: \$ _____

Description of Services: _____

Please Note:

Payment for services shall be made as soon as possible and no later than forty (40) days after services are rendered and all necessary documentation is submitted and approved.

Employee

Date

Principal/Director

Date

Business Manager

Date

Superintendent of Schools or Authorized Agent

Date

