

**Board of Education, Princeton City School District  
3900 Cottingham Dr.  
Cincinnati, OH 45241**

**CONSULTANT CONTRACTUAL AGREEMENT**

This agreement entered into at Cincinnati, OH this \_\_\_\_\_ day of \_\_\_\_\_.

Name and \_\_\_\_\_  
Address of \_\_\_\_\_  
Consultant \_\_\_\_\_  
\_\_\_\_\_

Hereinafter referred to as the "Consultant," and Board of Education, Princeton City School District, Hamilton County hereinafter referred to as the "Board."

**WITNESSETH:**

**WHEREAS**, the Board has approved the appointment of a Consultant to render professional services as follows:

Consultant is to provide services beginning \_\_\_\_\_, 2013 and ending \_\_\_\_\_, 2013.

Consultant agrees to perform all services as an independent contractor, and further agrees that no employment-related benefits or withholdings shall be paid for or made by the Board. In the event any benefits or withholdings are later required by operation of law, or later determined to be required, Consultant agrees the cost or amount of such benefits or withholdings may be deducted from the contract amount as contract payments are made to Consultant; or if there is no unpaid balance on the Contract, or if such balance is insufficient, the remainder shall be reimbursed to the Board by Consultant within ten (10) days following receipt of an invoice therefore.

Consultant shall not be covered under the Board's professional liability insurance.

Either party may be free to terminate this Contract by providing at least thirty (30) calendar days advanced written notice of such termination. If the Contract is terminated by either party, the Board shall be responsible to pay the Consultant only for those days in which services were provided at the calculated per diem rate

**BE IT AGREED** that in consideration of the consultant services actually performed, the Board promises and agrees to pay the Consultant the following:

**Please Note:** If expenses are to be reimbursed the district must receive an itemized receipt for each expense. Credit Card receipts with no detail will **not** be reimbursed.

**SIGNATURES:**

**Consultant**

**Board**

\_\_\_\_\_  
**Consultant**

\_\_\_\_\_  
**President, Board of Education**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Treasurer/CFO**

\_\_\_\_\_  
**Date:**