## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT



## **Consultant/Contract Services Summary**

Contract or Requisition #\_\_\_\_\_

Board Date
Contract Number
Purchasing Use Only

School / Department		Consultant/Contractor Name	
	From	To"	
Administrator Contact Account Number ''' ''''''''''''Fun	ding Source '''	""""Dates of Services """"Amount	
Description of Serxlegu<		Votal Amount'વૃષિE qpvt cev:	
Number of Students'/'Staff Impacted:			
Outcome'/'Deliverables:			
Justification: Specialized Expertise	Rec	quirement of Grant or Funding Source	

This form must be board agenda ready and be attached to all consultant contracts.

If additional space is needed please attach to this form.

This form must be typed.

Date

Originator Signature