

Galt Joint Union Elementary School District

1018 C Street, Suite 210 • Galt, CA 95632 Phone: 209-744-4545 • Fax: 209-744-4554

Contract for Services

g				
Contractor Nam	e		Business	s Name
Street Address	Ci	Thy .	State/	//ZIP
Sir cer rium ess		•9	States	2.11
Phone Number			email a	ddress
Scope of Work/Description of services	s to be performed:			
				_
Location of Services:				
Date and Time:				
Costs:				
Base Fee:				
Mileage/Travel:				
Materials:				
Other:	Other Detail:			
Total Cost:				
* Vendor please note: A W9 is require be paid upon completion of work with		ayer ID and busing	ess type designation as	it is on file with the IRS. Invoice will
D	B			
By: Administrator/S	Contractor			
	unt, District Superintendent	Aleiandra Gar		
	etor of Educational Services		•	
Board of Trustees: • Annette Ku				
For District Office Use Only:				
Account Co	ode	Budget Amt	Paid Amt	Date Paid Reference
				Req#
				PO#
				Date: