

ASB Services Agreement

1. **Parties:** The parties to this agreement are the _____ ASB student group and the _____ PTSA/PTA/Booster Club Parent Group. (Circle one)

2. **Effective date:** This agreement is effective beginning _____ and ending _____, 20_____.

3. **Describe in detail the services to be provided, when & by whom:**

4. **Compensation:** The _____ will pay the _____ a fee of \$ _____ or _____ % of _____ in the form of a check for services provided. Payment will be made within 30 days of Completion of Work indicated below.

APPROVAL SIGNATURES - Prior to work performed

Authorized signature (Principal): _____ Date: _____

ASB Budget number: _____

ASB Activity Coordinator or Athletic Director: _____

Parent Group Representative: _____ Title: _____

Parent Group Phone: _____ Date: _____

ASB Student President (secondary): _____ Date: _____

ASB Bookkeeper: _____ Date: _____

COMPLETION OF WORK – Required for payment – Signatures below indicate work has been performed and accepted.

Authorized signature (Principal): _____ Date: _____

ASB Student President (secondary): _____ Date: _____

ASB Activity Coord. or Athletic Director: _____ Date: _____

Parent Group Representative: _____ Date: _____

ASB Bookkeeper: _____ Date: _____

Amount approved for payment: \$ _____ (Add attachments if needed)

Check #: _____ Amount: \$ _____ Date: _____

Copies:

ASB Bookkeeper

Parent Group

District Accounting