

**SAN DIEGO UNIFIED SCHOOLDISTRICT  
INDEPENDENT CONTRACTOR AGREEMENT (ICA)  
LESS THAN \$10,000.00**

ePro# \_\_\_\_\_

PO# \_\_\_\_\_

Board Date \_\_\_\_\_

(Print) Company/Individual Name (as it appears on the attached W9 form) \_\_\_\_\_

Street Address (PO Boxes Prohibited) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

FEIN Or Social Security No.: \_\_\_\_\_ (Check one below)

- Individual/Sole Proprietorship     Partnership     Corporation/LLC     Govt. Agency/Educational Inst.

**Note: All Independent Contractors must submit an invoice for payment(s) to be processed by District's Accounts Payable Dept. or the site ASB. I certify under penalty of perjury that the foregoing is true and correct and I am not an employee of the San Diego Unified School District.**

Independent Contractor's Authorized Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Contractor Signature acknowledges agreement with District Terms and conditions posted at:  
<http://www.sandi.net/page/50186>**

**(CHECK ONE OF THE CLASSIFICATIONS BELOW)**

School Site/Dept. Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
School/Site: \_\_\_\_\_ Dept. Location Code: \_\_\_\_\_ Date: \_\_\_\_\_

**RESOURCE PERSON.** Independent contractors who are recognized as an expert in his/her field, with a level of talent and skill not available in the District, either by an employee or Professional Consultant. A Resource Person should not possess a specialized license to practice or teach professional development or be furnished with instructions on how the job should be completed.

**STUDENT SERVICE PROVIDER.** Independent contractor who provides direct pupil services including health programs, guidance, site specific services to students, including but not limited to DJ's, bands and performing artists for entertainment purposes, photographers, caterers for on and off site special events. For caterers, please review applicable District Policies and Procedures related to food services.

**Detail Description of Service(s) the Company/Individual will provide:** \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ OR: Specific Date(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Unit Price: \$ \_\_\_\_\_ # Days \_\_\_\_\_ # Hours \_\_\_\_\_ # Sessions \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_ ASB Check # & Date: \_\_\_\_\_

**Budget String:** \_\_\_\_\_ OR ASB Requisition #: \_\_\_\_\_

**District Budgeted Funds:**

Requested by: \_\_\_\_\_  
Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
**Teacher/Admin Staff** Date: \_\_\_\_\_  
OR Requested by: \_\_\_\_\_  
Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
**Principal/ Manager** Date: \_\_\_\_\_  
AND Recommended by: \_\_\_\_\_  
Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
**Area Superintendent/Exec. Dir./ Chief** Date: \_\_\_\_\_

**ASB Budgeted Funds:**

Requested by: \_\_\_\_\_  
Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
**ASB President /Student/Club Officer** Date: \_\_\_\_\_  
AND Requested by: \_\_\_\_\_  
Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
**Principal/ ASB Club Advisor** Date: \_\_\_\_\_  
AND Recommended by: \_\_\_\_\_  
Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
**Area Superintendent** Date: \_\_\_\_\_