

Newport Heights Elementary PTA
5225 119th Ave SE, Bellevue, WA 98006
(425)-456-5500 - Fax (425)456-5506

CONTRACT FOR SERVICES

VENDOR / INDEPENDENT CONTRACTOR NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

TAXPAYER/BUSINESS ID#: _____

The above named vendor/independent contractor agrees to provide the Newport Heights Elementary PTA, a Washington State 501 (C) (3) non-profit corporation, with the following:

SERVICES/PERFORMANCE: _____

DATE/DATES: _____

TIME: _____ LOCATION: _____
(Including setup and clean up)

SUPPLIES INCLUDED: _____

SUPPLIES REQUESTED: _____

PRICE: _____ SCHEDULE OF PAYMENT: _____

NHE PTA CONTACT: _____ TELEPHONE: _____

COMMITTEE: _____

In the event of cancellations due to weather, illness or unforeseen conflict, Newport Heights Elementary PTA reserves the right to reschedule to a mutually agreed upon time within the coming year. Payment will be reserved until all services are rendered and when stipulations of contract are completed. By signing below, both parties agree to all the above information.

AGREED:

By: _____ Print name: _____
Vendor/Independent contractor Date _____

By: _____ Title: _____ Print name: _____
PTA Elected Officer Date _____

By: _____ Title: _____ Print name: _____
PTA Elected Officer Date _____