

Public Schools of Robeson County  
Prior Approval Form - Consultant Services

Revised 7.25.23

Name of Person Submitting Request: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Funds Used:** State \_\_\_\_\_ Title I \_\_\_\_\_ Title II \_\_\_\_\_ Other: \_\_\_\_\_

**Select Only One:** \_\_\_\_\_ **Content** \_\_\_\_\_ **Digital Learning** \_\_\_\_\_ **General** \_\_\_\_\_ **Literacy** \_\_\_\_\_ **Leadership** \_\_\_\_\_

School/Department: \_\_\_\_\_ School Code: \_\_\_\_\_

Licensed Area: \_\_\_\_\_

Title of Workshop: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Place: \_\_\_\_\_

Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Funding Source: \_\_\_\_\_

Consultant: \_\_\_\_\_ SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Statement of Acceptance

**I do hereby accept the Task Assignment as stated above.**

System Employee Base Fee: \_\_\_\_\_ Outside Consultant Fee (*Fee Only*): \_\_\_\_\_

Highest Degree Held (*School System Employee Only*): \_\_\_\_\_

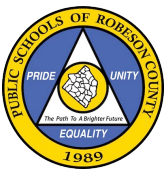
### Signatures

Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's/Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Development Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Designee: \_\_\_\_\_ Date: \_\_\_\_\_



Public Schools of Robeson County  
**Consultant's Statement of Time Worked** *(After Work is Completed)*

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Name: \_\_\_\_\_ (PSRC) Employee ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

I certify that I have worked on business for the Public Schools of Robeson County:

**Time** (From): \_\_\_\_\_ **To:** \_\_\_\_\_ **at** (school/location) \_\_\_\_\_  
for a **Total** of \_\_\_\_\_ **Days/Hours** during the **Month** of \_\_\_\_\_.

**Description of Services Rendered** *(Please describe the type of services rendered.)* Failure to complete this form adequately may result in a delay in issuing check.

**Itemized Expenses**

*(\*Receipts **required**, \*\*Meals allowed **ONLY** if overnight stay is **required**)*

Consultant's Fee: \_\_\_\_\_

Travel: \_\_\_\_\_

Lodging\*: \_\_\_\_\_

Meals\*\*: \_\_\_\_\_

**Grand Total:** \_\_\_\_\_

Consultant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's/Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Development Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Check Mark: State Title I Title II Other \_\_\_\_\_

PAY CODE: \_\_\_\_\_