



Turtle Mountain Community College

P.O. Box 340
Belcourt, North Dakota 58316
Telephone: (701)477-7862 Fax: (701)477-7870

Turtle Mountain Band
Of
Chippewa Indians
•
Charter Member
American Indian
Higher Education
Consortium

Consultant Agreement

I _____ agree to furnish services as stated in the scope of work below for the period starting _____ and ending _____, to be held at the Turtle Mountain Community College.

Scope of Work: _____

I will accept payment set and agreed at _____ for the entire service fee. This fee includes: Travel, per diem and other expenses incurred while working on this project. Any project over 40 hours needs to be documented and a weekly report needs to be submitted to the project director.

Contract Fee-Daily or Hourly Rate _____
Travel _____
Per Diem _____
Other _____
Degree Earned _____
Home Address _____
SSN _____

Acceptance of Contract the above prices, specifications and conditions are satisfactory and hereby accepted. Authorization is granted to do work as specified.

CONSULTANT SIGNATURE: _____ **DATE:** _____

PRESIDENT SIGNATURE: _____ **DATE:** _____

HR SIGNATURE: _____ **DATE:** _____

SEE OUR WEB PAGE AT: <http://www.tm.edu>

Accredited by the Higher Learning Commission-North Central Association
230 S LaSalle St., Suite 7-500, Chicago IL 60604-1413 1-800-621-7440

TURTLE MOUNTAIN COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER