

EAST STROUDSBURG AREA SCHOOL DISTRICT

Phone: (570) 424-8500 – Fax (570) 421-4968

Contract for In-District Services

Name of Provider: THOMAS TREVELLAWAY
 Employee # 4812
 Date(s) of Services: JULY 22, 23
 Title of Presentation/Service: Cultural Diversity
 Purpose of Presentation/Service: training
 Total Time Required for Presentation/Service: 4 HOURS
 Presentation/Service Facility: ROOM 300
 Maximum Number of Participants: 30
 Presentation/Service Rate: 275.00
 Total Estimated Cost of Proposed Presentation/Service: 275.00
 Budget Account Number to be charged: _____
 Audio/Visual Equipment Needed: _____

Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items.
 If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.

Signature of Initiator: [Signature] 9/18/20
 Initiator sends to Provider to sign _____ DATE

Signature of Provider: [Signature] SEP 18 2020
 Provider sends to Assistant Superintendent for Curriculum & Instruction _____ DATE

Approvals:	
Assistant Superintendent For Curriculum & Instruction: _____	DATE _____
Send to the Superintendent's Office	
After Board Approved	Board Approval Date _____
Superintendent: _____	
Send back to the Initiator	DATE _____

Upon Completion of Presentation/Service the Initiator will complete.

Comments on services _____

Total due provider _____ Approved for payment _____

Initiator will distribute the copies:

- Business Office (payroll) for payment
- Human Resources -- Place in Presenter's File
- Staff Development Secretary
- Initiator
- Provider

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EAST STROUDSBURG AREA SCHOOL DISTRICT

Phone: (570) 424-8500 – Fax (570) 421-4968

Contract for In-District Services

Name of Provider: ESDASD Terrell Curvey

Employee # 4812

Date(s) of Services: 8/19/20

Title of Presentation/Service: Culture and Diversity

Purpose of Presentation/Service: Training

Total Time Required for Presentation/Service: 1.5

Presentation/Service Facility: Madison Smithfield

Maximum Number of Participants: 15

Presentation/Service Rate: \$150

Total Estimated Cost of Proposed Presentation/Service: \$150

Budget Account Number to be charged: _____

Audio/Visual Equipment Needed: _____

Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.

Signature of Initiator: [Signature]

Initiator sends to Provider to sign

9/18/20
DATE

Signature of Provider: [Signature]

Provider sends to Assistant Superintendent for Curriculum & Instruction

SEP 18 2020
DATE

Approvals:	
Assistant Superintendent For Curriculum & Instruction:	_____
Send to the Superintendent's Office	DATE _____
After Board Approved	Board Approval Date _____
Superintendent:	_____
Send back to the Initiator	DATE _____

Upon Completion of Presentation/Service the Initiator will complete.

Comments on services _____

Total due provider _____ Approved for payment _____

Initiator will distribute the copies:

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- Human Resources – Place in Presenter's File
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EAST STROUDSBURG AREA SCHOOL DISTRICT

Phone: (570) 424-8500 – Fax (570) 421-4968

Contract for In-District Services

Name of Provider: Erin Marie Threlkoff
 Employee # 41812
 Date(s) of Services: August 18, 19, 20
 Title of Presentation/Service: Cultural and Diversity training
 Purpose of Presentation/Service: training
 Total Time Required for Presentation/Service: 9 hours
 Presentation/Service Facility: Room 300/board room
 Maximum Number of Participants: 20
 Presentation/Service Rate: 075.00
 Total Estimated Cost of Proposed Presentation/Service: 075.00
 Budget Account Number to be charged: _____
 Audio/Visual Equipment Needed: _____

Attach supply requisitions for suggested materials. Purchase Orders will be issued for approved items. If numbers of participants do not warrant the participation or if there is inclement weather, no fee will be paid to the provider.

Signature of Initiator: [Signature] 9/18/20 DATE

Signature of Provider: [Signature] SEP 18 2020 DATE

Approvals:
 Assistant Superintendent
 For Curriculum & Instruction: _____ DATE _____
 Send to the Superintendent's Office

After Board Approved _____ Board Approval Date _____

Superintendent: _____ DATE _____
 Send back to the Initiator

Upon Completion of Presentation/Service the Initiator will complete.

Comments on services _____

Total due provider _____ Approved for payment _____

Initiator will distribute the copies:

- Business Office (payroll) for payment
- Human Resources – Place in Presenter's File
- Staff Development Secretary
- Initiator
- Provider

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