MEMORANDUM OF AGREEMENT

**PROVIDER:**

This agreement is made by and between the Elizabethtown Board of Education and Angela McCray, CAM Therapy Services PFC (hereafter referred to as Provider).

**PROVIDER OF CONTRACT:**

This period in which services are to be performed under this contract is for the 12-13 school year.

**BILLING:**

Remit all invoices, bills, or requests for payment to:

Elizabethtown Board of Education

# ATTN: Director of Special Programs

219 Helm Street

Elizabethtown, KY 42701

**PROJECT SCOPE:**

The Provider will perform the services herein described:

The Provider will furnish the services to the Elizabethtown Board of Education as physical therapist.

**FEE:**

As fee for services hereinbefore set forth, the Elizabethtown Board of Education agrees to pay the Provider, $60 per contract hour, by the following method: Monthly.

**CANCELLATION CLAUSE:**

Either party may cancel the Memorandum of Agreement at any time for cause and may cancel without cause after thirty (30) days written notice.

**IN WITNESS WHEREOF,** the parties have executed this Agreement as of the day and year first above written.

**Signatures of approval:**

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Elizabethtown Board of Education Date

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Angela McCray Date