



CONTRACT/MOU/AGREEMENT/OTHER/SIGNATURE SUBMISSION FORM

VENDOR NAME: _____ DATE OF SUBMISSION: _____

VENDOR CONTACT NAME/EMAIL: _____ DEPT/CAMPUS: _____

REQUISITION # _____ VALID DATES / DATES OF SERVICE: _____

1. Briefly describe who/what the contract is for, including campus/organization/students/grade levels, etc.?

2. What fund will be used for this? Federal _____ General _____ Activity _____ State _____ N/A _____

TOTAL COST \$ _____ "OR" NO COST INVOLVED _____

SIGNATURE OF PRINCIPAL/SUPERVISOR: _____ DATE: _____

PURCHASE REQUISITION MUST BE ENTERED AT THE SAME TIME CONTRACT FOR GOODS/SERVICES IS SUBMITTED.

ALL FIELDS MUST BE COMPLETE AND SUBMISSION FORM MUST BE SIGNED

BUSINESS OFFICE USE ONLY

CONSULTING _____ AGREEMENT _____ MOU _____ OTHER _____ DATE REC'D IN BUSINESS OFFICE _____

BOARD REVIEW _____ BOARD APPROVE _____ MULTI – YEAR YES _____ NO _____ AUTO – RENEWS _____

VENDOR SIGNATURE NEEDED YES _____ NO _____ SIGNATURE REC'D _____

SCANNED AND EMAILED SIGNED CONTRACT TO _____ ON _____.

DATE APPROVED/REVIEWED BY BOARD OF TRUSTEES: _____

SIGNATURE OF SUPERINTENDENT: _____ DATE: _____

REQUIRED DOCUMENTATION REC'D _____ CONTRACT PROCESS COMPLETION DATE: _____

CONTRACT # _____ BOARD MEETING DATE _____