# **REQUEST FOR CONTRACT AGREEMENT**

1. Date:       Name of Requester:
2. Department making the request:

[ ] Administrative Services

[ ] Business Services

[ ] Educational Services

[ ] Facilities

[ ] Finance

[ ] Human Resources

[ ] Nutrition Services

[ ] Pupil Services

[ ] Purchasing

[ ] Risk Management

[ ] Special Education

[ ] Superintendent

[ ] Technology Services

[ ] Transportation

1. Vendor Legal Name       [ ] Individual [ ] Company
2. Vendor Point of Contact (Name):
3. Address:
4. Phone Number:
5. E-mail Address:
6. Describe in detail the service that contractor will be performing for the District and the product or report that will be delivered to the district during or at the end of the contractor's service.
7. Term (beginning and ending date of service). Start Date      End Date
8. Compensation (select one):
	1. [ ] Lump Sum
	2. [ ] Fixed rate ($      per      (hour/day/site, etc.)
	3. [ ] Per attached rate sheet
9. Identify budget # from which the District will compensate contractor in performing services for District.

[ ] General Funds/Unrestricted

[ ] General Funds/Restricted

[ ] Categorical Funds (list)

1. Requisition Number (Submit an electronic requisition at the time of submittal of request for contract)

**Please submit request to Purchasing/Contracts Analyst.**

Contract will be placed on next possible board agenda. Contract should be approved by Board of Trustees prior to start of work and before payment can be made. *(Board Policy 3310, 3310/AR-1)*