

CONTRACT INFORMATION FORM

Email completed form with contract to jguiles@scsd.us

Please fill out this form completely or there may be delays in approval

CONTRACT ORIGINATED BY: _____

SCSD Employee

CONTRACT DATES: _____ / _____ / _____ through _____ / _____ / _____

Check One:

☐

NEW CONTRACT

☐

CONTRACT RENEWAL

Contract reviewed by Purchasing:

Date: _____ / _____ / _____

Contract reviewed by Chief:

Date: _____ / _____ / _____

NOTE: All contracts should have a signature line for the Superintendent AND another signature line for the Chief originating the contract. Please ensure the contract includes all necessary signature lines BEFORE submission.

Brief description of service(s) to be provided: _____

Contract amount is not to exceed: \$ _____

To be paid from budget line:

☐☐☐☐☐☐☐

Fund

Function

Op unit

Account

Dept

Program

Grant

Budget Description: _____

Grant Title (if applicable): _____

Cost Last Year: \$ _____

Reason for Increase/Decrease: _____

of Students / Teachers / Employees Affected:

Prior Year: _____

Current Year: _____

Cost per Student: \$ _____

Check One: ☐ Per year cost ☐ One-time cost

VENDOR Contact Name for SIGNATURE on contract: _____

VENDOR Method of Contact by Contracts Clerk (check one): ☐ Email ☐ Fax ☐ Mail

Detail for vendor method of contact for signature (i.e. email address, fax number, or mailing address): _____