

Vendor Name: *Vendor #:
 Street Address: *Must be an active vendor in Munis
 City, State, Zip: Phone Number:
 Term of Contract:
 Amount of Contract: Email:

Budgeted: Yes No
 Low Bid: Yes No N/A

If No or N/A please state rationale:

Alternative Vendors Considered: Yes No N/A

Board Approval Required: Yes No

Board Approval Date: Bid #

Executive Summary:

*Principal / Supervisor Signature	Printed Name	Date
*Sponsoring Director Signature	Printed Name	Date
*Purchasing Supervisor Signature	Printed Name	Date
*Deputy Superintendent, CFO, or Asst. Superintendent, as appropriate	Printed Name	Date
*Chief Legal Counsel	Printed Name	Date
*Superintendent	Printed Name	Date

*Your signature on this document serves to confirm that you have reviewed this contract or legal document and that its terms and conditions are acceptable.

PURCHASING: Please create a Munis Contract upon approval of the attached contract.

Department / Location Code:
 Munis Contract Approvers:

AMOUNT	ACCOUNTING CODE