

Contract Checklist

You must complete this checklist prior to submitting to the Business Office

Amendment/Extension/Renewal

New Contact

Responsible Parties for this contract:

Primary Responsible Party: _____ Extension: _____

Vendor Full Legal Name: _____

Effective Contract Date: _____

Amount of Contract: _____

Length of Contract: _____

Department: _____

Description of services to be provided:

Contract Requestor certifies that:

RFP process completed N/A or Date: _____

RFP process documentation attached

New Vendor Form Completed/Attached N/A or Date: _____

Capital item Process Complete N/A or Date: _____

Credit Application Completed (Provided by Vendor) N/A or Date: _____

<input type="checkbox"/>	Liability Insurance Certificate Provided	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Superintendent approval obtained	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	CFO reviewed	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	CFO Signature obtained	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
_____			Date: _____
Contract Requestor Signature			

This remaining section of page is for Business Office Use Only:

<input type="checkbox"/>	PO obtained	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Credit Application Faxed to Vendor	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Received New Vendor Form	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Contract payments set-up	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____
<input type="checkbox"/>	Emailed Contract Requestor	N/A <input type="checkbox"/> or <input type="checkbox"/>	Date: _____