

(mm/dd/yy)

LOMPOC Unified School District

BSSV10.01 ENG Business Services

Office of Assistant Supt.

Approval Request for Independent Contractor Services Agreement

** Contracts over \$5,000 require pre-approval from Cabinet and final approval from the Board

Summary							
School/Department:							
Requested By: (First MI Last)			On Date	e: (<i>mm/dd/y</i>	y)		
Company/Consultant:							
Address:							
City:			State:				
Date(s) of Services:			\$ Value	Value of Services:			
Services Provided:				1			
School Site/Local Control Accountability Plan Reference							
Page#		Action:	,				
Budget Class							
* Funding Resource(s):							
Code(s):							
% or Amount * Fur	nd Resource Year	Goal Fu	nction Obje	ect School	Management	Unit	
Signatures of Supervisors							
Principal of School/Head of Department District Director				Assistant Superintendent of Division Check one: Business Services			
					Education	Services	
					🗌 Human Re	esources	
Printed Name (First MI Last) (mm/d	Date Printed Name dd/yy) (First MI Last			rinted Name First MI Last)	lmi	Date m/dd/yy)	
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** Date Approved by Cabinet for Contracts over \$5,000 Date Approved by School Board							

(mm/dd/yy)