



LOMPOC Unified School District

Approval Request for Independent Contractor Services Agreement

BSSV10.01 ENG

Business Services

Office of Assistant Supt.

****** 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: (mm/dd/yy)	
Company/Consultant:			
Address:			
City:		State:	
Date(s) of Services:			
Services Provided:			

School Site/Local Control Accountability Plan Reference

Page#		Goal#		Action:	
--------------	--	--------------	--	----------------	--

Budget Class

* Funding Resource(s):										
Code(s):										
	% or Amount	* Fund	Resource	Year	Goal	Function	Object	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 Resources

Printed Name
(First MI Last)

Date
(mm/dd/yy)

Printed Name
(First MI Last)

Date
(mm/dd/yy)

Printed Name
(First MI Last)

Date
(mm/dd/yy)

****** Date Approved by Cabinet for Contracts over \$5,000
(mm/dd/yy)