



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
REQUEST FOR CONTRACT/PURCHASE AGREEMENT (MOU)

New _____ Renew _____ Categorical/LCAP Funds: Yes _____ No _____

Contract/Purchase No: _____ (Issued by VVUHSD Business Services)

Form must be typed

Req No.: _____

School/Department: _____ Principal/Supervisor: _____

Vendor Name: _____

Business License #: _____ Contact Person: _____

Billing Address: _____

Phone: _____ Fax: _____ Email: _____

Services to be provided:

Total Cost: _____ Budget Acct. Code: _____

Contract Start: _____ End Date: _____

Justification for hiring outside consultant/company to provide services:

How is this aligned to the District's Strategic Plan?

Evaluation, Monitoring and Measurable:

Initiator: _____ Fiscal Signature: _____

Signature: _____ Date: _____

Date: _____

BUSINESS SERVICES OFFICE:

NOTES:

_____ Insurance / Liability

_____ W-9

Board Approval Date: _____

_____ Finger print clearance