

**Please Return Form to the Business Office
No Later Than One Month Prior to the Monthly BOE Meeting and Activity**

**AGREEMENT/AMENDMENT REQUEST FORM
VENDOR/COMPANY/CONSULTANTS**

Date:

Check if this is an Initial Agreement :

Check if this is an Amendment:

Vendor Number (if existing)

Name of Vendor/Company/Consultant:

Address:

(Ask vendor payable name. Agreement, W-9
and payable name all should match.)

Contact Name **MANDATORY:**

Contact Phone Number **MANDATORY:**

Contact E-Mail Address **MANDATORY**

Dates of Service:

2022-2023 School Year

Total Fee/Hourly Rate: (If approximate, enter a
"Do Not Exceed" amount) Also, indicate if
consultant will be reimbursed for expenses, i.e.
food, travel, etc:

Supervising MUFSD Administrator:

District Coordinator for request:

Scope of Services: This must describe in detail
what the vendor will be doing. Also, in order to
establish fingerprinting and insurance
requirements, audience, i.e., teachers/staff only or
students must be provided.

Budget Code: (Total amount of service must be
encumbered. If Grant or Donation funded please
provide a description of Grant and Grant number
if known, i.e., "MSF Grant #__", "Donation for
new bench at Chatsworth", etc. .):

Name of person who wrote/typed this form

Name of person who will type PO

SIGNATURE OF ADMINISTRATOR