

INTERNAL ROUTING SLIP

Date Initiated _____

CIRCLE ONE: (Bid Award) (Contract) (MOU) (Agreement) (Contracted Services)
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Department _____ Contact _____

Vendor Name _____ Payment Amount _____

Summary of Purchase _____

Bid / Contract Period: From: _____ To: _____ Are Federal funds being used? (Yes) (No)

Board Approval Required: (Yes) (No) Date Required to Vendor: _____

Attorney Review Recommended: (Yes) (No) Date Reviewed: _____

Certification of Insurance Liability: Payment Bond (Yes) (No) Performance Bond (Yes) (No)

Chapter 2270 (Boycott) Verification Attached: (Yes) (No)

Contact Business Services with any questions regarding bid awards, contracts, MOU's, agreements or contracted service contracts.

I acknowledge that I have read, agree with terms, verified budget, and recommend the attached document(s) for further processing.

Department Director/Principal

Date

Deputy/Asst Superintendent

Date

The finance office, purchasing, or CFO (was / was not) included in the negotiation of this contract.
_____ Purchasing Initial

The finance office, purchasing, or CFO (was / was not) included in the financial analysis of this contract.
_____ Purchasing Initial

(Allow Business Services 3 – 5 business days for review and processing)

Coordinator of Purchasing

Date

Associate Superintendent & CFO

Date

Upon completion of the attached document, Purchasing will:

Date Completed

(1) If Board Approval Required – Date/Agenda Item#

(2) Provide Departments an electronic version

(3) File original in Finance Office contract files
