

# NEWPORT-MESA UNIFIED SCHOOL DISTRICT SERVICE AGREEMENT REQUEST FORM

|                                 |
|---------------------------------|
| PURCHASE REQUISITION #          |
|                                 |
| ANTICIPATED BOARD APPROVAL DATE |
|                                 |

(To be completed by requestor, please type)

|   |         |                               |            |
|---|---------|-------------------------------|------------|
| SCHOOL/DEPARTMENT   |         | DATE OF REQUEST               |            |
|   |         |                               |            |
| NAME OF VENDOR  |         |                               |            |
|   |         |                               |            |
| NAME OF VENDOR CONTACT  |         | VENDOR CONTACT EMAIL          |            |
|   |         |                               |            |
| ADDRESS OF VENDOR<br><small>(Number, Street, Apartment Number, City, State and Zip Code or P.O. Box Number, City, State and Zip Code)</small> |         | TELEPHONE NUMBER              | FAX NUMBER |
|   |         | (     )                       | (     )    |
| SPECIFY SERVICE(S) TO BE PERFORMED BY VENDOR (Please attach additional sheet if more space is needed)<br>To provide....                       |         |                               |            |
|   |         |                               |            |
| Background check recommended? (Will vendor be at school site when students are present?)  |         | YES                           | NO         |
| SPECIFIC DATE OF SERVICE  |         | ACCOUNT NUMBERS TO BE CHARGED |            |
|   |         |                               |            |
| OR DATE FROM  | DATE TO | %                             |            |
|   |         | %                             |            |
|   |         | %                             |            |
|   |         | %                             |            |

| FEE SCHEDULE |              |      |          |                     |
|--------------|--------------|------|----------|---------------------|
| PER HOUR     | PER DAY      |      | FLAT FEE | OTHER (SPECIFY)     |
| HOURS        | TOTAL NUMBER | RATE | TOTAL    | TOTAL NOT TO EXCEED |
|              |              |      |          | \$                  |
| DAYS         |              |      |          |                     |
| FLAT FEE     |              |      |          |                     |

|   |           |             |
|---|-----------|-------------|
| REQUESTOR (PRINT)   | SIGNATURE | DATE SIGNED |
|   |           |             |
| OTHER APPROVAL (PRINT) (CATEGORICAL ADMIN, SECOND OPERATING UNIT) | SIGNATURE | DATE SIGNED |
|   |           |             |
| PRE-BOARD APPROVAL BY (PRINT)                                     | SIGNATURE | DATE SIGNED |
|   |           |             |

|                  |
|------------------|
| BOARD APPROVAL # |
|                  |

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|--|
| IF USING TITLE I FUNDS, INSERT THE GOAL & STRATEGY BELOW |
|  |