



STAFFORD MUNICIPAL SCHOOL DISTRICT CONTRACT PROCESSING FORM

SECTION 1 – CONTRACT INFORMATION			
Project Detail Click here to select Project Detail	Today's Date	# Original Contracts	Budget Account Code
Contracting Party		Is Contracting Party an Employee of Stafford? If yes, which division? <input type="checkbox"/> No <input type="checkbox"/> Yes, Division: _____	
Description of Services:			
Type of Contract	Contract Fiscal Year	Stafford Contract?	Term
SECTION 2 – CONTRACT TYPE			
			Amount: _____
SECTION 3 – CONTRACT REVIEW CHECKLIST			
<input type="checkbox"/> This contract was previously reviewed by Stafford attorney (<i>Note that all templates have been reviewed by attorney</i>) – Skip to Section 4 <input type="checkbox"/> This contract was NOT previously reviewed by Stafford attorney (complete fields below) Date I reviewed contract using the Contract Review Checklist: 1/29/2015 Exceptions Found? There were exceptions found; notes are attached and further review is recommended.			
<input type="checkbox"/> This contract was reviewed by Buyer. <input type="checkbox"/> This contract was reviewed by Technology _____ (initials) <input type="checkbox"/> This contract was reviewed by Facilities _____ (initials)			
SECTION 4 – REQUIRED SIGNATURES			
<i>I certify to the best of my knowledge that the information contained in this document is correct and complete. I further certify that I am ensuring that the program and all activities related to the program will be conducted in accordance with all applicable federal, state, and local laws including regulations and contract guidelines created to ensure accomplishment of this objective. <u>Acknowledge by checking box and signing below.</u></i>			
Employee Completing Contract Review Checklist	Date	Director	Date
<input type="checkbox"/>		<input type="checkbox"/>	
Submit a two-part NCR copy to Purchasing along with the signed original contracts			

FOR PURCHASING DIVISION USE ONLY:	
Contract Reviewer: _____	Date: _____
<input type="checkbox"/> Felony Conviction <input type="checkbox"/> CIQ <input type="checkbox"/> W-9 <input type="checkbox"/> SB9 <input type="checkbox"/> Resume <input type="checkbox"/> EICC Checklist	
<input type="checkbox"/> Board Action Item – <input type="checkbox"/> Revenue <input type="checkbox"/> Expenditure <input type="checkbox"/> Grant <input type="checkbox"/> ILC <input type="checkbox"/> Board Information Item Date: _____ <input type="checkbox"/> Contract Approved by Board Date: _____ <input type="checkbox"/> Contract Signed by Superintendent Date: _____ <input type="checkbox"/> Expenditure Contract (For Approval Only) Date: _____	<input type="checkbox"/> Signed by Assistant Superintendent Date: _____ <input type="checkbox"/> Returned to Division or: _____ Date Returned: _____ <input type="checkbox"/> Additional Signatures Required – Return one original to Purchasing when obtained
NOTES:	