

CH (Exhibit – B)

LTISD Contracts and Agreements Transmittal Form and Cover Page

All information in sections A, B and C below are to be provided with a copy of the contract to the Purchasing Office. A copy of the contract should be maintained by the campus / department. The contract will be reviewed, and if signed, issued a Contract reference number. An electronic copy of the signed contract will be returned to the campus / department. It is the end user's responsibility to forward a copy to the contractor. Any requests for information of this contract should reference this number. **NOTE: Do Not submit the form or contract if Booster or PTO Funds are being used.**

A Contract Title / Description

Original Term Dates: Start: End:

Is this an extension / amendment? Yes If yes, new end date: Original Reference #:

Est. Contract Value: \$ Solicitation Reference:

- Contracts:
- | | | |
|--|--|--|
| <input type="checkbox"/> Instructional / Data Sharing (IP) | <input type="checkbox"/> IT Services / Maintenance (IT) | <input type="checkbox"/> Facility / Venue Rentals (FS) |
| <input type="checkbox"/> School / Class / Event Pictures (SC) | <input type="checkbox"/> Equipment Maintenance (EM) | <input type="checkbox"/> Staff Development / Training (SD) |
| <input type="checkbox"/> Event Services / Equip Rentals (ES) | <input type="checkbox"/> Field Trips / Student / Charter Travel (FT) | <input type="checkbox"/> Yearbook / Custom Printing (YC) |
| <input type="checkbox"/> Specialized Student Services (SS) | <input type="checkbox"/> Memorandum of Understanding (MU) | <input type="checkbox"/> Major Contract / Agreement (MC) |
| <input type="checkbox"/> Interlocal Agreement (IA) | <input type="checkbox"/> Software / Software Maintenance (SM) | |
| <input type="checkbox"/> Other Agreement Type (OA): <input type="text"/> | | |

B Contractor Information

Contractor Name: Business Phone #:

Business Address: City: St: Zip:

Contact Person: Title: Phone: Email:

C Campus / Department Information

Campus / Dept Name: Campus / Department Org Code (3-digits):

Contact Person*: Title: Phone:

Campus / Department Authorized Signature (required): _____ Title: _____ Date: _____

* The contact person will be the individual handling and processing the contract.

Purchasing Office Information

Date Contract Received: Rec'd by: Database Entry Date:

Forwarded to Administration for Signature Name of Administrator:

Purchasing Office Comments: