



JEFFERSON PARISH SCHOOL BOARD CONTRACT COVER SHEET

CONTRACT INITIATOR

(Name) _____

(School/Department) (Phone) _____

(e-mail) _____

CONTRACTOR:

(Name) _____

(Address) _____

(City, State, Zip) _____

(Phone Number) _____

(Name and Title of company official authorized to sign contract):

CONTRACT TERM: Start Date _____ Completion Date _____

PAYMENT AMOUNT: Not to exceed \$ _____

PAYMENT TERMS: _____ Fixed price (by task/deliverables and upon completion of work)

_____ Cost reimbursement, monthly, or quarterly

SOURCE OF FUNDS: _____

(Please list all funding sources -- general fund, cite specific state or federal grant program)

SCHOOL/ DEPARTMENT RECEIVING SERVICES: _____

SCHOOL/DEPARTMENT REPRESENTATIVE: _____

GRANT COORDINATOR: _____

VENDOR PRIOR/CURRENT RELATIONSHIP WITH JP SCHOOLS: (Please indicate whether the vendor has a current or prior relationship with JPPSS, the school, the school leader, or any other JP SCHOOLS employee. If so, please explain.)

SUMMARY Please provide a brief summary of the purpose or objective of the contract.

FUNDING INFORMATION**PLEASE PAY FROM:**

FUND# _____

BUDGET CODE# _____

REQUISITION # _____

EIC CODE# _____