Waco ISD – Education Service Center (ESC) Routing Form

Requestor's Name: _____
Campus or Department: _____

ESC Contact Person: _____
ESC Contact Phone#: _____
ESC Contact Email: _____

Brief Scope of Service: _____
_____

Contract Term: _____
ESC Contract # (if known): _____
Amount: _____
Budget Code: _____

CIP (if applicable): _____

Is this contract for staff development that you are asking the Professional Development Dept. to pay for? Yes □ No□
Approval Signature of Exec. Dir. for Curriculum & Professional Development.: _____

Will this contract be funded with non-local funds (federal & state grants including entitlement funds)? Yes □ No□
Approval Signature of Grant Manager: _____

Approval Section:
Principal or Department Head Signature & Date: _____
Leadership Team Signature & Date: _____
Executive Director of Finance Signature & Date: _____
Superintendent Signature & Date: _____

For Business & Financial Services use only:
Legal counsel review obtained? □ yes □ no
Superintendent signature required? □ yes □ no
Board of Trustees approval required? □ yes □ no
Approval Notes: _____
_____
_____
_____
Debarment/Israel/Terrorist verification notes: _____