

**2024-25 TPSD CONTRACTUAL  
AGREEMENTS BOARD CONSIDERATION FORM**

**Vendor:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**TPSD Contract Number:** \_\_\_\_\_

**Budget Source:** \_\_\_\_\_

**Contract Site:** \_\_\_\_\_

**Contract Purpose:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount:** \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant | Date*

\_\_\_\_\_  
*Signature of Principal/Director | Date*



Revised 6/15/23

**Board approval date:** \_\_\_\_\_

**PO entered by:** \_\_\_\_\_

**Authorized Date:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

**Date returned to applicant:** \_\_\_\_\_