



****Contract Review Form should be attached to the entire contract to be routed for review****

Contract Review Form

Department Information:

Date of Request _____ Originator _____ Dept./School _____

Email _____ Phone _____

Contract Information:

Vendor Name _____ Contact Name _____

Email _____ Phone _____

Start Date _____ End Date _____

Contract Amount _____ Budget Code _____

Procurement Method: RFP ☐ Cooperative ☐ Inter-local ☐ Other ☐

Briefly describe and summarize the work or scope of service to be performed below.

Signature-Approvals (Any one purchase over \$25,000 requires Superintendent Signature)

Department/Principal - Signature _____ Date _____

CFO/Executive Director of Finance/Director of Purchasing - Signature _____ Date _____

Superintendent or Designee Signature (Any one purchase over \$25,000) _____ Date _____

For contractors that will be in contact with students:

Has contractor passed all background/criminal history checks by Human Resources? Yes ☐ No ☐

Human Resources Approval _____ Date _____