AGREEMENT/AMENDMENT REQUEST FORM
VENDOR/COMPANY/CONSULTANTS

Please return form to the Business Office no later than one month prior to the monthly BOE meeting and activity

Date: _____

Check if Initial Agreement: ☐ **Check if Amendment:** ☐ **Amendment #**_____

Vendor Number (if existing): _____

Name of Vendor/Company/Consultant: _____
(Vendor payable name, Agreement, W-9 should all match)

Is the vendor a current or retired member of NY State TRS or ERS? Yes: ☐ **No:** ☐

Insurance Status MANDATORY: Current & BCS Approved: ☐ **Needed:** ☐

Address: _____

_____

Contact Name MANDATORY: _____

Contact Phone Number MANDATORY: _____

Contact E-Mail Address MANDATORY: _____

Dates of Service: _____

Total Fee/Hourly Rate: _____
If approximate, enter a "Do Not Exceed" amount and indicate if consultant will be reimbursed for expenses, i.e. food, travel, etc.

Supervising MUFSD Administrator: _____

District Coordinator for request: _____

Scope of Services: _____
This must describe in detail what the vendor will be doing. Also, in order to establish fingerprinting and insurance requirements, audience, i.e., teachers/staff only or students must be provided.

Budget Code: _____
Total amount of service must be encumbered. If Grant or Donation funded, please provide a description of Grant and Grant number)

Name of person who wrote/typed this form: _____

Name of person who will type PO: _____

SIGNATURE OF ADMINISTRATOR: _____