

**2026-27 TPSD CONTRACTUAL AGREEMENTS
BOARD CONSIDERATION FORM**

Vendor: _____

Applicant's Name: _____

TPSD Contract Number: _____

Budget Source: _____

Contract Site: _____

Contract Purpose: _____

Amount: _____

Please check one: ☐ Submit ☐ Ratify

Signature of Applicant | Date

Signature of Principal/Director | Date



Revised 6/3/26

Board approval date: _____

PO entered by: _____

Authorized Date: _____

PO #: _____

Date returned to applicant: _____