

CONTRACT APPROVAL TRANSMITTAL*

DEPARTMENT CONTACT PERSON PLEASE FILL OUT:

- District Standard Agreement**
For all approved District Agreement Forms: <https://www.ccsf.edu/en/about-city-college/administration/legal-affairs.html>
- Non-District Agreement** (i.e. Vendor Forms, Clinical Agreements) (Financial Services will require legal review of any contract or agreement which is not on a District Standard Agreement.)

CONTRACT AMOUNT:

- \$60,000.00 and below** (may use short form contract)
- \$60,000.01 and above:**
(For ALL contracts above \$60,000.00):
 - Legal Affairs Approval required;*
 - Board Approval (Attached approved Board Resolution)*
Board Reso. No.

CONTRACT AMOUNT:

CONTRACT TERM:

CONTRACT FOAPAL:

DEPARTMENT:

DEPARTMENT CONTACT PERSON:

SR./ASSOCIATE VICE CHANCELLOR SIGNATURE:

Date:

(e.g. Senior or Associate Vice Chancellor of Academic Affairs, Financial Services, Information Technology, Facilities, etc.)

Print Name:

VENDOR Name:

VENDOR I.D. No.:

CHECKLIST PRIOR TO SUBMITTAL:

C.U.P.C.C.A.A (if applicable)

RFP/RFQ/BID:

Attach Board Agenda Item if item if over \$60,000 (**Board Reso. No.**)

Requisition Number:
R

Submit: W9 (required for all new vendors)

Insurance documentation Information, bids, etc.

What type of contract do you have?
please check:

Revenue	Expenditure	No Cost
----------------	--------------------	----------------

FINANCIAL SERVICES OFFICE ONLY:

LEGAL REVIEW (if necessary): _____ DATE: _____

CONTRACT COMPLIANCE REVIEW: _____ DATE: _____

AUTHORIZING SIGNATURE REVIEW: _____ DATE: _____

AUTHORIZING SIGNATURE REVIEW: _____
(Sr. Director, Administrative Services)

FOR PURCHASING/ACCOUNTING ONLY:

Sole Source: _____

Type of transaction:
 PS FA OTHER

ON FILE: W9 EPLS INSUR

Requisition to P.O. Process:

Signed By Buyer Upon Issuance of PO:

ENCUMBRANCE PROCESS: _____ **DATE:** _____
(except Revenue Contracts)

P.O. No.: _____ **Date of Issuance:** _____