

CONTRACT APPROVAL TRANSMITTAL*

REQUESTING DEPARTMENT PLEASE COMPLETE ALL ITEMS ABOVE SOLID LINE:

- District Standard Agreement**
For all approved District Agreement Forms: <https://www.ccsf.edu/purchasing>

- Non-District Agreement** (i.e. Vendor Forms, Clinical Agreements) (Non-District agreements will require legal review)

CONTRACT AMOUNT:

\$60,000.00 and below (may use short form contract)

60,000.01 and above (use Professional Service Agreement)

CONTRACT AMOUNT: _____

CONTRACT TERM: _____

CONTRACT FOAPAL: _____

DEPARTMENT: _____

DEPARTMENT CONTACT PERSON: _____

DEPARTMENT ASSOCIATE VICE CHANCELLOR/VICE CHANCELLOR SIGNATURE (required): _____

CHECKLIST PRIOR TO SUBMITTAL (if applicable) :

C.U.P.C.C.A.A (IFB No. _____)

RFx/BID/QUOTES:

PIGGYBACK/SOLE SOURCE/EXCEPTION:
(explain: _____)

Attach Board Consent Item if item if over \$60,000
(Board Consent. No. _____)

Requisition No.:

Insurance documentation Information, bids, etc.

What type of contract do you have? Please check one

Revenue Expenditure No Cost

Date: _____

Name: _____

VENDOR Name: _____

VENDOR I.D. No.: _____

REQUESTING DEPARTMENT PLEASE COMPLETE ALL ITEMS ABOVE

FINANCIAL SERVICES OFFICE ONLY:

ACCOUNTANT APPROVAL: _____

LEGAL/RISK MNG. REVIEW (if necessary): _____

CONTRACT COMPLIANCE REVIEW: _____

AUTHORIZING SIGNATURE REVIEW:
Senior Director _____

AUTHORIZING SIGNATURE REVIEW:
VC/AVC _____