

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:

\$114,800.00 and below (FY25: \$114,800)

\$114,800.01 and above

CONTRACTAMOUNT: _____

CONTRACT TERM: _____

CONTRACT FOAPAL: _____

DEPARTMENT: _____

DEPARTMENT CONTACT PERSON: _____

**DEPARTMENT ASSOCIATE VICE CHANCELLOR or VICE
CHANCELLOR SIGNATURE (required):**

_____ **Date:** _____

Name: _____

VENDOR Name: _____

VENDOR I.D. No.: _____

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 \$114,800
(Board Consent. No. _____)

Requisition No.: _____

Insurance documentation Information, bids, etc.

What type of contract do you have? Please check one

Revenue

Expenditure

No Cost

**REQUESTING DEPARTMENT PLEASE COMPLETE ALL ITEMS ABOVE
FINANCIAL SERVICES OFFICE ONLY:**

ACCOUNTANT APPROVAL: _____

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

CONTRACT COMPLIANCE REVIEW: _____

AUTHORIZING SIGNATURE REVIEW: _____
Senior Director

AUTHORIZING SIGNATURE REVIEW: _____
VC/AVC