

Contract Submission Form

Contact Information	(Please Fill In)
District Personnel	
Contact Name (Person Overseeing the Contract)	
Contact Telephone Number	
Contact Department	
Vendor's Information	
Vendor's Name	
Vendor's Contact Person	
Vendor's Telephone Number	
Vendor's Address / Email	
Prior Relationship with Vendor/Contractor	Renewal <input type="checkbox"/> Extension <input type="checkbox"/> Amendment <input type="checkbox"/> New <input type="checkbox"/>
Prior DCSB Attorney assigned, if known	
CONTRACT SUBMISSION PROCESS	
<p>1. Attach vendor's WORD version of the contract to this form;</p> <p>2. <u>IF AN AGENDA ITEM</u> - Attach Agenda Item (see below) to this form and e-mail an electronic version in MS Word format to Karen Chastain, ChastainK@duvalschools.org, <u>with a copy to Brian McDuffie (mcduffieb@duvalschools.org) and Debbie Carter (carterd@duvalschools.org);</u></p> <p>3. <u>NOT AN AGENDA ITEM</u> - Attach a signed Purpose Page and E-mail an electronic version in MS Word format to Brian McDuffie (mcduffieb@duvalschools.org) and Debbie Carter (carterd@duvalschools.org);</p> <p>4. By your submission of this form, you certify that you have created a "purchase requisition" through the SAP 02 level release, utilizing the funding source identified below.</p>	
Contract Amount	
Due date of services (interim tasks and due dates)	
Funding Source	
Purchase Requisition Number(s)	
Payment Schedule (Are the payments made monthly, when task is finished, etc.)	
Location of services (school, off site facility, etc.)	
Contract Under \$75,000	Yes ___ No ___ (If "No" - Board approval required)
Purpose Page Required	Yes ___ No ___ (If "Yes" - please submit)
Policy 7.41 (no board signature required)	Yes ___ No ___
Contract Over \$75,000	Yes ___ No ___
Date on Board Agenda	

Signature (electronic is okay)

Print _____

Date: _____