



Contract Number (Assigned by Ops Admin): _____ School (check one) OSD OSSB

State Supplier Number: _____ Address Code (If Applicable): _____

Supplier Name: _____ Point of Contact: _____

POC Address: _____
 Street City State Zip-Code

Does the Supplier have a personal/business relationship with any OSD/OSSB employees (Check one) Yes No

If yes, please provide details: _____

Contact Phone: _____ Contact Email: _____

Compensation rate (\$\$/hr): _____ Program/Fund to be paid from: _____

Total Compensation for Fiscal Year: _____
 2020 FY 2021 FY

Projected Start Date _____

Scope of Work and Contract Terms: (Attach additional sheets as needed)

Please attached documentation to support the request (why services are needed, etc).

No release of funds will be authorized until a Purchase Order is in place to allocate the funds. All signatures below are needed in order to proceed toward creating a Purchase Order.

Approve	Deny	Routing for approval/denial	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date
		Requestor	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date
		Employee Supervisor	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date
		Cedar Well, HR Director	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date
		Chris Wells, Chief Financial Officer	
<input type="checkbox"/>	<input type="checkbox"/>	_____	Date
		Dr. Lou Maynus, School Superintendent	