

Sample Contract Form

CONTRACT REQUEST FORM – Location: LACC

This form must be received in LACCD's Business Services Division **FOUR WEEKS PRIOR** to commencement of the Contract Period [excludes Short Term Agreements (STAs), Facilities Orders, and some Short Forms].

FOR OFFICE USE ONLY:

SAP Doc. #: _____

Notes: _____

* = Required Information

Note: Please check which "Action" item you will be using



***ACTION**

- New contract
- Amend contract
- Renew contract
- Terminate contract
- Income

Contract #:

06011623

GENERAL AGREEMENTS

- Educational Services
- Lease of Equipment
- Lease of Facility
- Maintenance of Equipment
- Performance/Workshop
- Professional Services
- Other:

SHORT TERM AGREEMENT (STAs)

(\$5,000 or less AND one year or less)

- Community Services
- Model
- Performance/Workshop
- Personal Services
- Reader
- Other:

FACILITIES

- Consultant Proposal
- Facilities Order
- Professional Services
- Short Form
- Standard Form
- Other:

CONTRACT INFORMATION

*Period of Services: From: 07/01/08 To: 06/30/09 (Inclusive)

*Lessor / Contractor: California Community Colleges Chancellor's Office SAP Vendor # (if known): _____

*SSN / Federal Tax ID: _____

*Street Address: 1102 Q St

*City: Sacramento *State: CA *Zip: 95814

*Contact Person: Barbara Whitney *Phone #: 916) 322-5246

License #/License Type: _____ *Fax #: 916) 445-6268

*To be billed per: Month Semester Contract Period Other: _____

* Rate or Cost or Income _____ Per: Day Month Year

Other: \$57,142.00

LOCATION INFORMATION

*Requestor: Allison Jones Date: 07/09/08

*Title/Position: Dean of Nursing *Dept.: Nursing *Phone/Ext.# (323) 953-4000

Contact: Betsy Manchester (Complete if different from Requestor) Phone/Ext.# 2065

***Funds Center Approval:**
If using multiple accounts, please provide details in the "Description" area below.

Fund (Fund/Program)	G/L Account (Object Code)	WBS/Cost Center

For help on new accounting codes, please refer to <http://sap.laccd.edu> under section "Account Cross Reference".

APPROVALS:

(1 = College; 2 = District)

*Printed Name: Dr. Merrill Eastcott

*Signature: _____

*VP of Admin.¹/Mgr.²: _____

*Date: _____

*President¹/Director²: _____

*Date: _____

***Specific description, purpose, and justification** (Describe each in full – use separate sheet if needed and/or attach all necessary documentation.)

To renew contract with the California Community College Chancellor's Office to provide services under the guidelines of the funded enrollment growth for the Associate Degree Nursing Programs II Grants for the fiscal year 2008-2009.

*Estimated cost for total contract period: **\$ 57,142.00**