



CONTRACT APPROVAL FORM ("CAF")

Contract No. _____
Amendment/Change Order No. _____

SCHOOL / DEPARTMENT INFORMATION

Issuing School/Dept.:
School/Dept. Contact:
School/Dept. Contract Mgr.:

CONTRACTOR INFORMATION

Full Business Name:
Address, City State, Zip:
Contact Email:

CONTRACTOR SELECTION METHOD

This contract DOES NOT use federal grant or federal pass-through funds AND is procured as follows:
Direct Appointment (No Competition)
Competitive Procurement

OR
This contract DOES use federal grant or federal pass-through funds AND is procured as follows:
Direct Appointment (No Competition)
Competitive Procurement

CONTRACT SUMMARY

Start Date: End Date: Multi-Year
Check One: New Contract Amendment/Change Order
Brief Contract Description:

CONTRACT DOLLARS SUMMARY / ACCOUNT CODE ALLOCATION

Table with columns: Fund, Function (Program), Object (Account), Location (Site Loc), Area (Class), Project, Department, Amount, Running Total (per Line)

Original Contract Amount Total of Previous Amendment(s) Amount of this Amendment Contract Total:

ATTESTING SIGNATURES

I attest that I have evaluated the purpose of this contract and believe it to be a reasonable and judicious use of District money...
Name of Budget Holder Budget Holder Signature Date
Name of Contract Manager Contract Manager Signature Date

DO NOT WORK BELOW THIS LINE; FOR PURCHASING AND CONTRACTING USE ONLY

Board Date: Resolution No.: PeopleSoft Entry: Purchase Order #: E-mailed: Date: