

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: _____ **EMAIL:** _____

ADDRESS: _____

DATES OF SERVICE TO BE COMPLETED: _____

SCHOOL DISTRICT CONTACT: _____

COMPENSATION: \$ _____

DESCRIPTION OF DUTIES:

Is this a Subscription/Software: Yes ☐ or No ☐

If yes, this is an internal form that does not need to be sent to the vendor.

Subscription/Software Name: _____ **Website:** _____

Subscription/Software Start Date: _____ **End Date:** _____

SOPPA Approved: Yes ☐ or No ☐

School Board President or Superintendent

Date

Requesting School: _____

Budget Code: _____

Signature of Vendor: _____ **Date:** _____

Signature of Requestor: _____ **Date:** _____

Signature of Budget Administrator: _____ **Date:** _____