CANUTILLO INDEPENDENT SCHOOL DISTRICT
FINANCIAL SERVICES DIVISION/PURCHASING

Contract Routing and Approval Form

FOR PURCHASING OFFICE USE ONLY			
Contract Request Received		**Assigned Contract No**	
Routed for Internal Approval		**Contract Fully Executed**	
Routed for Vendor Approval		**Notification To Proceed**	

CONTRACT APROVAL PROCESS: **1.** All agreements **shall** be routed through the purchasing office. **2.** Purchasing will review for compliance and determine procurement method(s). **3.** Be advised that some agreements may require Legal Counsels review **4.** Following final review, purchasing will route for additional signature(s), either district personnel and/or supplier. to ensure receipt of fully executed documents. **5.** Purchasing will notify requestor when process has been completed.

NO SERVICES SHALL COMMENCE WITHOUT AN EXECUTED AGREEMENT AND AN APPROVED PURCHASE ORDER

IT IS THE REQUESTORS RESPONSIBILITY TO SUBMIT ALL DOCUMENTS PERTAINING TO THE SERVICE REQUESTED WITH AMPLE TIME TO ALLOW FOR FULL PROCESS. MUST INCLUDE Vendor agreement, vendor quote, vendor terms, any other docs related to the service, etc. This Contract Routing and Approval form is required to ensure we have the information needed to route documents for the necessary signatures.

THIS FORM MUST BE COMPLETED BY THE REQUESTING CAMPUS/DEPARTMENT

Must check off Contract Type: □ Professional Service □ Contracted Services □ Vendor Agreement □ Term Contract □ Interlocal □ Lease Agreement ☒ MOU □ MOA □ Construction □ Other _____

Campus/Department: Curriculum and Instruction

Campus/Department Contact person: Shawn Leggett, Curriculum and Instruction

Contact Number: 915-877-7433 Requestors email: sleggett@canutillo-isd.org

Contract Title: Region 19 Texas Reading Academies MOU

Contract Description: This MOU establishes Region 19 as the CISD authorized provider for Texas Reading Academies training.

VENDOR INFORMATION – MUST PROVIDE ALL INFORMATION LISTED BELOW: Required to obtain all necessary signatures.

Vendor/Company Name: ESC Region 19

Vendor Full Address: 6611 Boeing Dr. El Paso, TX 79925

Name of Representative: Claudia De Anda representatives' email: csdeanda@esc19.net

Rep. Office Phone: 915-780-5069 Rep Mobile Number: _____

Vendor's Authorized Signer: _____ Signer's email: _____

Contract Amount: $3,000 per participant Funding Source: _____

Account No(s): _____

Anticipated Start Date: 8/1/2026 End Date: 6/30/2027

Is this a New Agreement? ☒ Yes □ No _____

Is this Agreement a renewal? □ Yes ☒ No If yes; specify the reason for renewal, what is it replacing? _____

Agreement Term: 12 months Does agreement term include renewal options? □ Yes ☒ No

If yes, specify renewal options: _____

Does agreement require Insurance coverage? □ Yes ☒ No **If yes, route agreement to Human Resources department for review, and to provide the necessary insurance requirements.**

Human Resources staff review: _____ Date: _____

By signing this approval request form, I, the budget authority confirm that the agreement attached has been reviewed and all necessary documents pertaining to this agreement are being submitted.

Budget Authority Signature: _____ Date: _____

□ **Attachments: Must submit vendor agreement and all pertaining documents, quotes, etc., with this routing form.**

Purchasing review: _____