

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 NO, go to next section. If YES, complete below, then go to next section (no vendor signature)

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

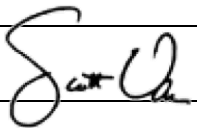
Subscription/Software Start Date: _____ **End Date:** _____

SOPPA Approved: Yes ☐ or No ☐

Requesting School: _____

Budget Code: _____

Signature of Vendor: N/A **Date:** _____

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

Superintendent or School Board President

Date