Contract for Service Form

<u>Rock Island-Milan School District 41</u>

VENDOR NAME: _____ **EMAIL:** _____

ADDRESS: _____

_____

DATES OF SERVICE TO BE COMPLETED: _____

SCHOOL DISTRICT CONTACT: _____

COMPENSATION: $_____

DESCRIPTION OF DUTIES:

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

<mark>*If yes, this is an internal form that does not need to be sent to the vendor.*</mark>

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

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

[SOPPA Approved](SOPPA%20Approved): 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:**_____