

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Trane EMAIL: miloehr@trane.com

ADDRESS: 4801 GRAND AVENUE DAVENPORT, IA - 52807

DATES OF SERVICE TO BE COMPLETED: 7/1/24-6/30/25

SCHOOL DISTRICT CONTACT: Josh Becker

COMPENSATION: \$ Not to exceed \$30,000

DESCRIPTION OF DUTIES:

To cover any invoices for service calls and repairs to any of our district buildings with Trane units.

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: District

Budget Code: O & M budget codes

Signature of Vendor: *Mike Loggia* Date: 7-17-2025

Signature of Budget Administrator: _____ Date: _____

Superintendent or School Board President

Date