

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:

Faith's Law. Contractor additionally certifies that prior to sending any employee or contractor/subcontractor to the premises, Contractor has complied with all employment history review and other obligations of 105 ILCS 5/22-94. Upon request of the School District, Contractor agrees to promptly disclose all records, information and determinations related to Section 22-94 employment history review for each of its employees or independent contractors.

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:** _____