

# ***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 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:** \_\_\_\_\_