

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:

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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:_____ **Date:**_____

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

Superintendent or School Board President

Date