

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Tri State Travel **EMAIL:** ekaiser@tristatetravel.com

ADDRESS: 530 W 76th St Davenport IA 52806

DATES OF SERVICE TO BE COMPLETED: 2026-2027 School Year

SCHOOL DISTRICT CONTACT: Mike Emendorfer

COMPENSATION: \$ not to exceed 75,000

DESCRIPTION OF DUTIES:

Transportation to and from sporting events.

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: RIHS, EJHS, WJHS

Budget Code: 4-5-100-000-1501-3310, 4-5-160-000-1501-3310, 4-5-180-000-1501-3310

Signature of Vendor:  **Date:** 4-27-26

Signature of Budget Administrator:  **Date:** 4-27-26

Superintendent or School Board President

Date