

# 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**