

Contract for Service Form

Rock Island-Milan School District 41

VENDOR NAME: Cones Repair EMAIL: _____

ADDRESS: 2408 40th Avenue, Moline, IL

DATES OF SERVICE TO BE COMPLETED: 2025 - 26 School Year

SCHOOL DISTRICT CONTACT: Beth MacKenna

COMPENSATION: \$ Not to exceed \$40,000.

DESCRIPTION OF DUTIES:

Installation and repair service for kitchen equipment including refrigerators, freezers, ovens, steam tables and other appliances.

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: District

Budget Code: 1-5 . 084 . 2562 . 3230 . 0

Signature of Vendor: Travis Cone Date: 05/16/2025

Signature of Budget Administrator: EMackenna Date: 5/16/2025

Superintendent or School Board President

Date