

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 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