

Contract for Service Form**Rock Island-Milan School District 41**

VENDOR NAME: Top Shelf, Inc. **EMAIL:** TOPSHELF.MIKE@MEDIA.COM.BA, NET
ADDRESS: 4240 Regency Court, Davenport, IA
DATES OF SERVICE TO BE COMPLETED: 2025 - 26 School Year
SCHOOL DISTRICT CONTACT: Beth MacKenna
COMPENSATION: \$ not to exceed \$12,000.

DESCRIPTION OF DUTIES:

Provide installation and repairs of kitchen equipment district wide.

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: 1.5.080/100.084.2562.4100.0

Signature of Vendor: Phil S. Poets **Date:** 5-15-25

Signature of Budget Administrator: B MacKenna **Date:** 5-15-2025

Superintendent or School Board President

Date