

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