## **Contract for Service Form**

## **Rock Island-Milan School District 41**

	ue <sub>EMAIL:</sub> amy@handy-rental.com
ADDRESS: 1435 30th Street, Roc	
DATES OF SERVICE TO BE COMPLETED:	July 1, 2025-June 30, 2026
school district contact: Joshua	Becker
COMPENSATION: \$ Not to exceed	\$20,000
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DESCRIPTION OF DUTIES:	
For the purchase of any necessary custod needed for all district schools for the 2025	dial/maintenance supplies, tools & materials 3-26 school year.
Is this a Subscription/Software: Yes □ or I	No ■ below, then go to next section (no vendor signature)
If NO, go to next section. If YES, complete	below, then go to next section (no vendor signature)
If NO, go to next section. If YES, complete subscription/Software Name:	below, then go to next section (no vendor signature) Website:
If NO, go to next section. If YES, complete subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No □	below, then go to next section (no vendor signature) Website:
If NO, go to next section. If YES, complete Subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No □  Requesting School: District	below, then go to next section (no vendor signature) Website:
If NO, go to next section. If YES, complete subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No □	below, then go to next section (no vendor signature)    End Date:
If NO, go to next section. If YES, complete Subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No □  Requesting School: District	below, then go to next section (no vendor signature)  Website:  End Date:
Subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No □  Requesting School:  District  Budget Code:  M Budget	
Subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No□  Requesting School:  District  Budget Code:  M Budget  Signature of Vendor:	
Subscription/Software Name:  Subscription/Software Start Date:  SOPPA Approved: Yes □ or No□  Requesting School:  District  Budget Code:  M Budget  Signature of Vendor:	