

**BOARD AGENDA ITEM  
AND/OR  
CONTRACT REVIEW & APPROVAL**

**DATE:** \_\_\_\_\_

**TO:** **Contract Services**

**FROM:** \_\_\_\_\_  
Name of Requesting Party Department  
\_\_\_\_\_  
Campus Location Telephone Extension

**SUBJECT:** \_\_\_\_\_  
Briefly describe subject of request

**Request is made for the following: (Check all applicable boxes and complete Parts 1 & 2 on reverse side of form. If request is for an agenda item/resolution, complete Part 3 on reverse side of form.)**

- Drafting of Board Agenda Item/Resolution (subject to approval by Department Chair, Dean, and Vice President). **Completion of Part 3 on next page of this form is required.**
- Contract Review
- Drafting of contract in its entirety.
- Assistance in contract negotiations.
- Advise on contract matters/no drafting.
- Bid assistance - publish Notice of Bidders, work up bid documents, all related activities.
- Other services related to Contracts (specify)\_\_\_\_\_

**Signatures Required:**

\_\_\_\_\_  
Department Chairperson

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Vice President

After the reverse side of this form is complete and all signatures have been obtained, please route form to the Contracts Office, Room A4A.

\_\_\_60 DAY                      \_\_\_DIARY

**PART 1**

**Attached are the following materials: (check all applicable boxes)**

- Standard form contract offered by vendor
- Contract proposed by requesting party
- Bid specifications (be very specific as to descriptions, number/quantities, etc.)
- General literature describing proposed Contracts
- Other documents (describe) \_\_\_\_\_

**PART 2**

**The following are anticipated time constraints, which apply to this request.**

- PRIORITY - to be accomplished no later than \_\_\_\_\_  
(provide anticipated completion date)
- NO PRIORITY

**PART 3**

**COMPLETE THIS SECTION FOR ALL AGENDA ITEMS/RESOLUTIONS**

**Brief Description/Purpose:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fiscal Note:**

Budget Revenue: \_\_\_\_\_

Budget Expenditure: \_\_\_\_\_

Account Code: \_\_\_\_\_

**Capital/Facilities Requirements:**

Location of Program/Project: \_\_\_\_\_

Any requirement costing District funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_