

HALLSVILLE ISD CONTRACT TRANSMITTAL FORM

Only the Superintendent, Assistant Superintendent or Chief Financial Officer may sign a contract with an outside vendor, committing school district funds.

Please use this form for approval of ALL contracts with outside vendors.

Name of Employee Submitting Contract: _____ Date: _____

Name of Vendor/Company: _____

Product or Service: _____

Contract Amount: \$ _____ (Contracts over \$50,000 require Board approval)

Is this a member of a Purchasing Co-op? ____ Yes ____ No Dates Effective: _____

Which Purchasing Co-op: _____ Co-op Contract No.: _____

If no, explain reasons for using this company: _____

Term of Proposed Contract: _____

Purpose of Contract/Services Provided: _____

Budget Code to be used: _____

Will federal funds be used to pay contract expenditures? ____ Yes ____ No

If federal funds will be used, please see HISD Allowability Worksheet (found on website under Purchasing/EDGAR Manual)

Is this contract replacing an existing contract? ____ Yes ____ No Dates Effective: _____

If yes, any changes from existing contract: _____

Approval by (Signature): _____

Date: _____

Contract Submission Denied: _____ Date: _____

Reason for Denial: _____