

Authorization for Superintendent's Signature

Office Use Only

Board Meeting

Date:

Submitted To:

Submitted By
(Name & Department):

Document Type: Agreement
 Budget
 Budget Revision
 Grant
 Letter/Memo
 MOU
 Professional Services Contract
 Other

Description of Product/
Services:

Suggested Board
Language:

Vendor:

Dollar Amount:

Funding Source:

Term of Contract:

Renewal Date:

Cabinet Level Supervisor Approval: _____ Date: _____

FOR GENERAL COUNSEL USE ONLY

Board Approval Required: Yes No

Legal Review: _____ Date: _____

Gwynn Shamin, General Counsel

2 ORIGINAL CONTRACTS REQUIRED

CONTRACTS REQUIRE SIGNATURE PRIOR TO SUBMISSION