

Contract Request Form

Consult with Procurement Manager **PRIOR** to completing this form.

Contractor may not perform services until the contract is approved and processed.

RRCC CONTRACT: ____ or **VENDOR CONTRACT:** ____ Is there a current contract for this vendor? Y N

CONTRACTOR DETAILS:

Legal Name: _____

Person authorized to sign contract:

Name: _____ Title: _____ Email: _____

Address: _____
Street City State ZIP Code

Contact: _____ Email: _____ Phone: _____

CONTRACT DETAILS: Project Manager is the person responsible for monitoring performance and insuring contractor has fulfilled their obligations.

Project Manager: _____ Department: _____ Ext: _____

ORG(s): _____ W9 Attached (Required): ____ Requested Start Date: _____ End Date: _____

Total Dollar Amount: \$ _____ Include all expenses associated with the Contract (i.e. travel, training materials, etc.)

Brief description of project:

DETAILS FOR RRCC CONTRACT:

Contract Type: __ Personal Services __ IT __ MOU __ Other, please specify _____

Attach paperwork, if necessary: *Some forms may be waived based on contractor's status.*

- Statement of Work** (SOW) including specific details, timelines, payments, etc. ***Email Word doc to Renee Murillo.*
- PERA Retiree Form
- Independent Contractor/Service Provider Questionnaire

RRCC AUTHORIZATION:

I understand a contract/agreement is a legal binding document that has specific details defined for which both parties have agreed to adhere by. This includes the terms of the contract/agreement and specified ways to communicate any requested changes, issues/concerns, or terminations.

Business Services is the only authorized department that can send communication to the vendor regarding any changes, issues/concerns or terminations. Details will be required from the Department contact to support the request for such communication.

Date: _____
First Level Approval

Date: _____
Second Level Approval

Purchasing Office Only

Contract #: _____ CCCS Legal Review: Y N Encumbrance PO # _____

Document Level Accounting Commodity Level Accounting Commodity Code _____

Grant Funded: Y N SAM Search SDN Search Special Provisions Y N Grant Approval _____

W-9 Insurance Required Y N On file in Purchasing HR Review Y N If yes, _____ Waiver or _____ Cert Form

Payroll Review _____ Date _____ RRCC Employee Y N PERA Retiree Y N