



**Irvine Unified School District**  
**CONTRACT APPROVAL REQUEST FORM**

**Mark all that are Required:**

<b>Field Trip Board Approval</b>		<b>Data Privacy Agreement</b>	
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*Please type the requested information into each cell. Use the TAB key to move from cell to cell.*

<b>Company Name:</b>		<b>Vendor No:</b>	
<b>Consultant/Contact Name:</b>		<b>Email:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Phone No.:</b>		<b>SS or Tax ID No. :</b>	<b>Company a Corporation?</b> <b>Yes:</b> <b>No:</b>

**Objective(s) to be Accomplished:** *(Provide a brief description of what is to be accomplished.)*

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**Description of Service(s):** *(Provide a description of services.)*

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**Background Information, if appropriate:**

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**Date(s):** \_\_\_\_\_ **to** \_\_\_\_\_

<b>Fee/Cost (not to exceed):</b>	\$	<b>Budget Category No.:</b>	
<b>Select one budget category:</b>			
Community Facilities District		Unrestricted General Fund	Restricted General Fund
Off-Setting Fee Income		Self-Insurance Fund (Restricted)	Developer Fee Fund
County School Facilities Fund		Builders Fund	Other; Identify here:

*If there is a change to the original contract (date and/or fees), provide the following information.*

<b>Original fee/cost (not to exceed):</b>	\$	<b>Original Board Approval Date:</b>	
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**District Approval**

Submitted by/Originator: \_\_\_\_\_ Ext: \_\_\_\_\_

Department/Site: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

\_\_\_\_\_  
 Printed Name Asst. Superintendent, Business Services

\_\_\_\_\_  
 Principal/Department Head Signature Board Approval Date

Consultants must be approved by IUSD Board of Education.  
 Submit request to Business Services **at least 12 DAYS prior** to scheduled Board meeting.

**ORIGINATOR:** Submit a **signed** copy to Business Services. Upon Board approval, originals will be filed, Originators notified via email, and copies will be uploaded to J:Share (J:\SHARE\CONTRACTS\2016-17).

**Business Services Contact: Jennifer Payton, ext. 5031**