



CUSD CONTRACT REQUEST FORM

Date: _____

Requestor's Name: _____

Email Address: _____

Phone Number: _____

Department: _____

Vendor Information:

Vendor Name: _____

Contract Value: _____

Contract Term: _____

Board Approval Date: _____

Funding Source: _____

Description of Services: _____

Signatory's Name: _____

Signatory's Title: _____

Signatory's Email Address: _____

Vendor Required Forms:

- Vendor Information Form
- W9
- Certificate of Insurance
- Fee Schedule
- Contractor Attestation
- Tobacco Use Policy
- Drug Free Workplace Certification
- Criminal Records Check