

**PARLIER UNIFIED SCHOOL DISTRICT  
CONTRACT APPROVAL REQUEST**

**\*\*\*\*\*IMPORTANT INFORMATION\*\*\*\*\***

**Only Board authorized administrators may sign contracts for the District.  
Any non-authorized signer of a contract will take on personal responsibility for the payment for services.  
This form with all attachments and a complete copy of the contract must be sent to the Business Office at least  
15 days prior to the first day of service by the contractor.**

**PART I – IDENTIFICATION OF CONTRACTOR**

**District Contractor** (used in prior year) - Attach:  
Vendor Contract

**New Contractor** – Attach the following  
Vendor Information Form  
Form W-9 completed and signed  
Vendor contract

Name \_\_\_\_\_ Employer I.D. # \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Contact E-mail \_\_\_\_\_

**PART II – DESCRIPTION OF CONTRACT**

Describe the services that will be provided

**BOARD Goal** \_\_\_\_\_ **LCAP Goal/Action** \_\_\_\_\_ **SPSA Goal/Action** \_\_\_\_\_

**Educational Contract (attach Academic Justification Form and move to Part III)**  
 **Administrative Contract (complete Description below)**

**Description of Activities** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III – BUDGET**

Complete budget codes are required. Attach a copy of your requisition.

Fd	Rs	Yr	Gl	Fn	OBJ	Si	L1	L2	Req#	PO#	Amount
-	-	-	-	-	-	5	-	-			\$

\_\_\_\_\_  
Administrator signature Date Program coordinator signature Date

**PART IV – BUSINESS OFFICE APPROVAL**

\_\_\_\_\_  
Chief Business Officer Date Board Approval Date Date Contract Signed