

CH (Exhibit – B)

## LTISD Contract Library Transmittal Form and Cover Page

All information in sections A, B and C below is to be provided with a copy of the contract agreement to the LTISD Purchasing Office. A copy of the contract should be maintained by the campus / department. The contract will be reviewed, and if signed, issued a Contract Library reference number. An electronic copy of the signed contract will be returned to the campus / department for reference purposes. It is the end user's responsibility to forward a copy to the contractor. Any requests for information of this contract should reference this number. **NOTE: Do Not submit the form or the contract if Booster or PTO Funds are being used.**

### A Contract Title / Description

Original Term Dates: Start:  End:

Is this an extension / amendment?  Yes If yes, new end date:  Original Reference #:

Est. Contract Value: \$  Solicitation Reference:

- Contracts:
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Instructional / Data Sharing (IP)               | <input type="checkbox"/> IT Services / Maintenance (IT)              | <input type="checkbox"/> Facility / Venue Rentals (FS)     |
| <input type="checkbox"/> School / Class / Event Pictures (SC)            | <input type="checkbox"/> Equipment Maintenance (EM)                  | <input type="checkbox"/> Staff Development / Training (SD) |
| <input type="checkbox"/> Event Services / Equip Rentals (ES)             | <input type="checkbox"/> Field Trips / Student / Charter Travel (FT) | <input type="checkbox"/> Yearbook / Custom Printing (YC)   |
| <input type="checkbox"/> Specialized Student Services (SS)               | <input type="checkbox"/> Memorandum of Understanding (MU)            | <input type="checkbox"/> Major Contract / Agreement (MC)   |
| <input type="checkbox"/> Interlocal Agreement (IA)                       | <input type="checkbox"/> Software / Software Maintenance (SM)        |  |
| <input type="checkbox"/> Other Agreement Type (OA): <input type="text"/> |  |  |

### B Contractor Information

Contractor Name:  Business Phone #:

Business Address:  City:  St:  Zip:

Contact Person:  Title:  Phone:  Email:

### C Campus / Department Information

Campus / Dept Name:  Campus / Department Org Code (3-digits):

Contact Person\*:  Title:  Phone:

Campus / Department Authorized Signature (required):  \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* The contact person will be the individual handling and processing the contract.

#### Purchasing Office Information

Date Contract Received:  Rec'd by:  Database Entry Date:

Forwarded to Administration for Signature Name of Administrator:

Purchasing Office Comments: