



Sample Contract Form

**CONTRACT REQUEST FORM – Location: LACC**  
This form must be received in LACCD's Business Services Division **FOUR**  
**WEEKS PRIOR** to commencement of the Contract Period [excludes Short  
Term Agreements (STAs), Facilities Orders, and some Short Forms].

**FOR OFFICE USE ONLY:**

SAP Doc. #: \_\_\_\_\_  
Notes: \_\_\_\_\_

\* = Required Information  
**Note:** Please check which "Action" item you will be using

<p><b>*ACTION</b></p> <p><input type="checkbox"/> New contract <input type="checkbox"/> Amend contract <input checked="" type="checkbox"/> Renew contract <input type="checkbox"/> Terminate contract <input type="checkbox"/> Income</p> <p>Contract #: <u>06011623</u></p>	<p><b>GENERAL AGREEMENTS</b></p> <p><input checked="" type="checkbox"/> Educational Services <input type="checkbox"/> Lease of Equipment <input type="checkbox"/> Lease of Facility <input type="checkbox"/> Maintenance of Equipment <input type="checkbox"/> Performance/Workshop <input type="checkbox"/> Professional Services <input type="checkbox"/> Other: _____</p>	<p><b>SHORT TERM AGREEMENT (STAs)</b> <b>(\$5,000 or less AND one year or less)</b></p> <p><input type="checkbox"/> Community Services <input type="checkbox"/> Model <input type="checkbox"/> Performance/Workshop <input type="checkbox"/> Personal Services <input type="checkbox"/> Reader <input type="checkbox"/> Other: _____</p>	<p><b>FACILITIES</b></p> <p><input type="checkbox"/> Consultant Proposal <input type="checkbox"/> Facilities Order <input type="checkbox"/> Professional Services <input type="checkbox"/> Short Form <input type="checkbox"/> Standard Form <input type="checkbox"/> Other: _____</p>
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**CONTRACT INFORMATION**

\*Period of Services: From: 07/01/08 To: 06/30/09 (Inclusive)

\*Lessor / Contractor: California Community Colleges Chancellor's Office SAP Vendor # (if known): \_\_\_\_\_

\*SSN / Federal Tax ID: \_\_\_\_\_

\*Street Address: 1102 Q St

\*City: Sacramento \*State: CA \*Zip: 95814

\*Contact Person: Barbara Whitney \*Phone #: 916) 322-5246

License #/License Type: \_\_\_\_\_ \*Fax #: 916) 445-6268

\*To be billed per:  Month  Semester  Contract Period  Other: \_\_\_\_\_

Rate or Cost or  Income \_\_\_\_\_ Per:  Day  Month  Year

Other: \$57,142.00

**LOCATION INFORMATION**

\*Requestor: Allison Jones Date: 07/09/08

\*Title/Position: Dean of Nursing \*Dept.: Nursing \*Phone/Ext.# (323) 953-4000

Contact: Betsy Manchester (Complete if different from Requestor) Phone/Ext.# 2065

\*Funds Center Approval:  
If using multiple accounts, please provide details in the "Description" area below.

Fund (Fund/Program)	G/L Account (Object Code)	WBS/Cost Center

For help on new accounting codes, please refer to <http://sap.laccd.edu> under section "Account Cross Reference".

**APPROVALS:** (1 = College; 2 = District)

\*Printed Name: Dr. Merrill Eastcott \*Signature: \_\_\_\_\_

\*VP of Admin.<sup>1</sup>/Mgr.<sup>2</sup>: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*President<sup>1</sup>/Director<sup>2</sup>: \_\_\_\_\_ \*Date: \_\_\_\_\_

\***Specific description, purpose, and justification** (Describe each in full – use separate sheet if needed and/or attach all necessary documentation.)  
To renew contract with the California Community College Chancellor's Office to provide services under the guidelines of the funded enrollment growth for the Associate Degree Nursing Programs II Grants for the fiscal year 2008-2009.

\*Estimated cost for total contract period: \$ 57,142.00