

**SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
REQUEST FOR BOARD APPROVAL OF CONTRACT**

CONTRACT NUMBER: UC

I. CONTRACTOR:

Name: _____ Soc. Sec. # _____
Address: _____ Telephone # _____
_____ Zip Code: _____

Background Information:

II. SERVICES TO BE RENDERED:

Description: _____

Date of Service: From _____ to _____ Location _____

III. BOARD APPROVAL DATE: _____

IV. COMPENSATION:

Fee: \$ _____ Per _____ Not to Exceed \$ _____

Authorized Expenses:

_____ No Expenses authorized _____ Transportation
_____ Hotel and Meals _____ Other (Specify) _____

Total compensation under this contract not to exceed \$ _____

V. PAYMENT SCHEDULE:

Payment will be made on the 10th of the month following service provided all paperwork is in place.

VI. FUNDING SOURCE: _____

VII. ADMINISTRATOR:

Name: _____

School/Department: _____

Signature: _____ Date: _____

This complete form should be sent to Fiscal Services to the attention of Pat Ho, who will check the account number and forward the form on to the Office of Education Services, for submission at the next Board Meeting. A copy of the typed Board Action will be forwarded to fiscal Services for their file.

FOR OFFICE USE:

ACCT VERIFIED _____

DATE: _____

SENT/CURR: _____

INITIALS: _____