



COVER SHEET FOR ALL AGREEMENTS

(Facility Leases, MOAs, Consultant Agreements, Business Services Agreements)

ROUTING FOR REVIEW & APPROVAL

_____ Division Head _____ Bus. Svcs. Exec. Assist. For Tracking _____ Fiscal Services Director/Staff for Budget
 _____ Assistant Supt. Business Svcs. _____ Superintendent _____ Copy to AR if Invoicing Necessary

DISTRICT/AGENCY/CONSULTANT: _____ **DATE SIGNED:** _____

AGREEMENT START DATE: _____ **AGREEMENT END DATE:** _____

RENEWAL TERMS: _____ (Annual -month/time of year) _____ (Automatic until terminated) *Please notify Accts Receivable of terminated agreements

DESCRIPTION OF AGREEMENT: _____

DISTRICT POINT OF CONTACT: NAME / TITLE: _____ EMAIL: _____ PHONE: _____ ext. _____	SLOCOE POINT OF CONTACT: NAME / TITLE: _____ EMAIL: _____ PHONE: _____ ext. _____
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REVENUE - IF THIS AGREEMENT WILL REQUIRE INVOICING

Monthly Quarterly Semi-Annually Annually Time Sheets Used Position Control

Revenue Account Line #: _____

Revenue Account Line #: _____

Monthly Quarterly Semi-Annually Annually As invoiced

Expenditure Account Line #: _____

Expenditure Account Line #: _____