



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. _____

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 #: _____

NOTE: MOAs between departments in SLOCOE will require account lines on both the revenue side and expenditure side. (If the expenditure account contains Object 57xx, there needs to be an Object 57xx in a revenue account to allow for the interdepartmental transfer of funds.)