

**College of the Desert
Purchasing
Contract/Agreement Transmittal Sheet**

Please Print or Type

If the provider is a District employee, please contact Human Resources prior to any commitment for services

New Agreement Amendment Memorandum of Understanding
 Non-Monetary Agreement Revenue/Grant Provider/Contractor _____

Please provide the following information:

Originating Department: _____ College Point-of-Contact: _____

Account Number: _____ Funding Source: _____

Is this an extension, amendment or change order to an existing Agreement/Contract? Yes No

If yes, please provide the following information:

Original Contract/Agreement Amount _____

Amended Amount (+/-) _____

New Total _____

Total Cost: _____ Term of Agreement: _____

Contracts with insufficient budgets will not be processed. Please check for available budget prior to submission.

Description/Summary of Purpose of Agreement:

Contract/Agreement Requirements

(These items are to be included on all new contracts/agreements. A template is available on the COD website.)

_____ Name, address, phone, e-mail _____ Fee schedule, incl. reimbursable expenses
_____ Beginning/Ending dates of service _____ Payment Terms (monthly, upon completion..)
_____ Description of Services incl. dates _____ Location/Site of Services
_____ Recommended by (Director, Dean, etc.) & Title

Submitted by: _____
(Director, Dean, etc...) Printed Name Signature Date

Approved by: _____
Authorized Signer (President, EVP, VP)

Please submit this form with the fully executed Contract/Agreement to the Purchasing Office for input into Galaxy and inclusion on the Board Agenda.