



Request for Contract (RFC)

INFORMATION ABOUT INITIATOR OF RFC

REQ# _____	Person Initiating RFC: _____	Department: _____
Division: _____	Date Submitted: _____	Reviewed by: _____
Area Manager or Dean/Director Signature		

TYPE OF CONTRACT REQUESTED

- | | | |
|----------------------------------|----------------------------------|--------------------|
| Clinical Agreement | Grant Agreement | MOU |
| Facilities Use Agreement | Instructional Services Agreement | Work Order |
| Revenue Based MOU | Professional Services Agreement | Legal Agreement |
| Independent Contractor Agreement | Marketing/Advertising Agreement | Purchase Agreement |
| Technology Service Agreement | Membership Agreement | Service Agreement |
| Software License/Subscription | Transportation | Other |

INFORMATION ABOUT THE CONTRACT REQUESTED

Period of Service:	From _____ To _____	Amount \$ _____
		(Total Contract)
Payment Requirement (Check One:)	Monthly	Annual
		As Billed
Proposed Vendor Name: _____	Point of Contact: _____	
Vendor G#: _____	Phone: () _____	Email: _____
Address: _____	City: _____	State: _____ ZIP: _____

Description of Services Requested:

BUDGET INFORMATION & DISTRICT APPROVALS

Fund:		Org:		Account:		Program:	

_____	_____
Area VP Signature	Date