



Agreement/Contract Approval Routing Sheet

DATE: _____

Note: All Agreements/Contracts Require Board Approval

Originator	School Site / Location	Initials	LCAP Goal
Name of Company	Type of Service / Event	Contract \$ Amount	

Checklist

- Agreement signed by vendor
- Exhibit A (Pricing) and Exhibit B (Scope of Work)
- Vendor proposal attached
- Vendor fee schedule and/or service schedule attached
- Vendor proof of insurance attached
- Additional supporting documents attached: _____

Route in Order:

Principal: _____	Comments: _____	_____ Initials / Date
Director: _____	Comments: _____	_____ Initials / Date
Risk Mgt: _____	Comments: _____	_____ Initials / Date
Purchasing: _____	Comments: _____	_____ Initials / Date

ADMINISTRATIVE APPROVAL: (only one approval required)

Mark McLaughlin _____
Superintendent

Jeanne Valentine _____
Assistant Superintendent of Human Resources

Victor Hayek _____
Deputy Superintendent of Business Services

Lou Lichtl _____
Assistant Superintendent of Instruction

Lisa Miller _____
Assistant Superintendent of Student Support Services

Board of Education Approval Date: ____/____/____