

PLUMAS COUNTY SCHOOLS
SERVICE CONTRACT REQUEST FORM

(See reverse for instructions.)

(1) CONTRACT TYPE		(2) REQUESTOR		(3) BUDGET NUMBER	
<input type="checkbox"/> <i>Regular</i> <input type="checkbox"/> <i>Income</i> <input type="checkbox"/> <i>Amendment</i> <input type="checkbox"/> <i>Facility Rental</i>		<input type="checkbox"/> <i>PUSD</i> <input type="checkbox"/> <i>PCOE</i>			
(4) PROVIDE SERVICES FOR:					
Site:			Program/Grant:		
(5) CONTRACTOR INFORMATION					
Legal Name of Company/Individual:					
Mailing Address:					
Contact Name:		Phone Number and Fax Number		Email Address:	
Social Security/Employer I.D. Number:					
Has individual ever been an employee of PUSD or PCOE: <input type="checkbox"/> Yes <input type="checkbox"/> No				Individual's current employment:	
Will all the work be performed by this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the individual operate an independent trade or business that is available to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this contract subject to prevailing wage per Labor Code Section 1720? <input type="checkbox"/> Yes <input type="checkbox"/> No					
License Number: _____ DIR # _____					
(6) SCOPE OF WORK					
DESCRIPTION OF SERVICES (if additional space is required, please attach separate sheet):					
DATES OF SERVICE:					
Will services be performed in the State of California? <input type="checkbox"/> Yes <input type="checkbox"/> No				Will services provided be videotaped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, contact Business Services					
(7) DOLLAR AMOUNT					
TOTAL CONTRACT AMOUNT:		RATE OF PAY:		ESTIMATED REIMBURSABLE COSTS:	
\$					
DOES THIS CONTRACT INCLUDE REIMBURSEMENT FOR EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify on attached sheet.					
DOES THIS CONTRACT INCLUDE REIMBURSEMENT FOR MATERIALS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify on attached sheet.					
ARE COSTS TO BE REIMBURSED FROM ANY OTHER SOURCE OF INCOME? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify on attached sheet.					
(8) APPROVALS					
TYPED OR PRINTED NAME:		SIGNATURE:		PHONE/EXT.	
DATE:					
ORIGINATOR:					
SITE ADMINISTRATOR:					
SUPERVISOR OF FISCAL SERVICES:					

INSTRUCTIONS FOR COMPLETING THE SERVICE CONTRACT REQUEST FORM

All requests for development and/or execution of contracts, agreements, memoranda of understanding, and leases, including renewals and amendments must be submitted to the Business Services Department.

General Guidelines:

1. Obtain appropriate approval BEFORE beginning negotiations.
2. Complete and submit a Service Contract Request form and a Purchase Requisition.
3. Attach any additional documentation to the contract request form.
4. Obtain approval signatures on both forms and submit to Business Services Department.

General Instructions for the Service Contract Request Form:

1. **Contract Type:** Select one of the following:
 - Regular - Contract is new or a renewal of an existing agreement.
 - Amendment - Modification to the existing agreement.
 - Income - PCOE/PUSD is being paid for services.
 - Facility Rental - Use of facilities other than PCOE/PUSD premises.
2. **Requestor:**

Designate whether contract is with Plumas Unified School District or Plumas County Office of Education.
3. **Budget Number:**

Indicate the complete budget code for each budget to be charged for the services.
4. **Provide Services for:**

Indicate the site where the services will be performed.
Indicate the program and/or grant for which the services are being provided.
5. **Contractor Information:**
 - Legal name of company or individual
 - Complete mailing address
 - Contact Person/Authorized Representative
 - Phone number/FAX number
 - Social Security/Employer ID number
 - Designate if individual has ever been an employee of PCOE or PUSD.
 - Individual's current employment/business
 - Indicate if all the work will be performed by this individual
 - Indicate whether the individual operates an independent trade or business that is available to the public
 - Determine if this contract is subject to prevailing wage per Labor Code Section 1771.1
6. **Scope of Work:**

Description of services – provide specific information about the work that is to be performed.
Dates of services – provide start and end date of services (month/day/year).
Designate whether services will be performed in the State of California.
If the services are to be videotaped, obtain release form from Business Services Dept.
7. **Dollar Amount:**

Total dollar amount for the contract.
Rate of pay: provide breakdown (per day, per project/task).
If the contract includes reimbursement for expenses, list the expenses.
If the contract includes reimbursement for materials, list the materials.
If any costs are to be reimbursed from any other source, identify the income source.
8. **Approvals:**

Obtain signatures from those authorized. Please date all signatures.