**** ***San Joaquin Delta College***



*(Requesting Department’s name)*

 *(Requesting Manager’s name & title)*

*5151 Pacific Avenue* *Stockton, California 95207-6370*

 *209.954.*

 *209.954.*

***Prepared By:***

***COVER PAGE FOR CONTRACT PROCESSING***

*The Contracts Office will submit the contract documents for final approval to the District’s authorized signer*

**DATE:**

**TO:** The Contracts Office *(If contract is under $2,000 change to Area VP)*

**FROM:**  (*Requesting Manager’s name and initial to show approval)*

**RE:**

***FOR INDEPENDENT CONTRACTORS, REFER TO THE INDEPENDENT CONTRATOR’S IRS CHECK LIST***

Attached is a contract with for the purpose of providing the following services for the District: **.** The contract effectivedate is from  **, 20**to  **, 20****.** (*If this is a renewal/amendment, please specify the original SJDC contract number*):**.**

The cost is ***$***, KFS account number  and name of funding source  (*ie:* *General fund, Bond, Foundation, Schedule Maintenance, etc*.). If the service is expected to generate revenue, specify the amount$ and name of revenue account (*ie: general fund, foundation, CTE Workforce Development, etc)* **.**

Please obtain the appropriate signatures and distribute final executed agreement accordingly. Send an electronic copy to the vendor to the following email address *or* hard copy to the follow mailing address:

.

In addition, please distribute electronic copies of the fully executed contract agreement to internal users as follows:

*
*
*

If you have any questions, please contact my office.

Attachments

**The request must be signed and dated accordingly. Print the approver’s name and title.**

HR’s Approval: Date

*(HR’s preapproval is required for ALL Independent Contractors. Remove if not applicable)*

Division Dean/Director’s Approval: Date

Print Name & Title:

Area Vice President’s Approval: Date

Print Name & Title:

Director of Purchasing and Contracts: Date: