

**OAK RIDGE SCHOOLS
Contract Checklist**

Title of Contract: _____

Vendor Name: _____

New Renewal

Description of Product or Service: _____

Fiscal Year: _____ Multi-Year Contract: Yes No

Term of Contract: _____

Multi-Year Recurring Funds Needed: Yes No Amount: \$ _____

Budgeted Account Number: _____

Department or School Contact Person: _____

Phone Number: _____

For Contracts Greater Than \$2,500

For Business Office Use Only:

- Submitted to Finance Director for Attorney Review:
 - * Date: _____ By: _____ N/A _____
- Submitted to Attorney:
 - * Date: _____ By: _____ N/A _____
- Received Back from Attorney:
 - * Date: _____ By: _____ N/A _____
- Approved by Attorney:
 - * Yes
 - * No (see below)
- Concerns or changes required:
 - * _____
 - _____
 - _____

* Legal Requirements Met: Yes No

Date Forwarded to Superintendent of Schools for Signature: _____

Finance Director: _____

Date Contract Signed by Superintendent: _____