

TULARE COUNTY OFFICE OF EDUCATION

REQUEST FOR AGENCY AGREEMENT

Type of Agreement (check one)

- Superintendent receiving funds
- Superintendent expending funds

TO: John Caudle, Assistant Superintendent/Business Services

FROM:

DATE:

Please develop and execute a contract or agreement reflecting the following information:

Name of Agency: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Name of Provider(s): _____

Services Provided: Please attach "Exhibit A - Scope of Services and Fee Schedule."

Date(s) of Service: _____

Contract Amount: _____

Other Conditions: _____

Total not to exceed: _____

Program Title _____

Budget Category: _____ %

_____ %

Method of Payment: *Warrant Based on Approved Invoice*

*****FOR OFFICE USE ONLY*****

Initiator's Signature

Date

Contact Person & Phone #

Program Manager's Signature

Date

Assistant Superintendent's Signature

Date

Internal Business' Authorization

Date

Superintendent's Authorization

Date