

# Authorization for Superintendent's Signature

Office Use Only

Board Meeting

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Date:

Submitted To:

Submitted By  
(Name & Department):

Document Type:                      Agreement  
    Budget  
    Budget Revision  
    Grant  
    Letter/Memo  
    MOU  
    Professional Services Contract  
    Other

Description of Product/  
Services:

Suggested Board  
Language:

Vendor:

Dollar Amount:

Funding Source:

Term of Contract:

Renewal Date:

Cabinet Level Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR GENERAL COUNSEL USE ONLY

Board Approval Required:              Yes              No

Legal Review: \_\_\_\_\_ Date: \_\_\_\_\_

Gwynn Shamin, General Counsel

**2 ORIGINAL CONTRACTS REQUIRED**

**CONTRACTS REQUIRE SIGNATURE PRIOR TO SUBMISSION**