

CONTRACT COVER SHEET

Agency No.	Div. No.	Current Document Number
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Document Date:	Effective Date:
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Agy Contract No.

Vendor Information
No/Sfx _____
Name _____
Street _____
City, State _____
& Zip _____

Contracting Agency Name & Address

Sfx	T/C	Ref. Doc.	Sfx	M	Fund	BFY	Index	PCA	Sub-obj	Det	R	Amount	Agency Use
												Document Total	
												\$	

CONTRACT TYPE: <input type="checkbox"/> New Contract <input type="checkbox"/> Amended Contract Terms <input type="checkbox"/> Re-encumber Previously Approved Contract	PRIOR DOC. NO. _____ _____
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CONTRACT DESCRIPTION:

Legal Basis for Contract (Cite state or federal statutes or regulations, etc.)

PAYMENT SCHEDULE:

Total Contract Commitment Amount: \$ _____

Contract Beginning Date: _____ Contract Ending Date: _____

Payment Frequency: _____ payment(s) of \$ _____ due _____

Payment Frequency: _____ payment(s) of \$ _____ due _____

APPROVALS:

Director of Purchasing	Date
Director of Accounts and Reports	Date
Approved as to form and execution:	
Dept of Admin Attorney, Attorney General, or Agency Attorney	Date

AGENCY APPROVALS:

This contract was prepared and executed at my direction with full knowledge of the obligations incurred. All required approvals for our State agency have been obtained.

Agency Authorized Signature
Date