State of Kansas
Department of Administration
Division of Accounts and Reports
DA - 47 (Rev. 04-09)

REAL ESTATE LEASE COVER SHEET

Agency No.	Div. No.	Current Doc. No.

Document Date: Effective Date:

Agy Contract No.

Vendor Information	Contracting Agency Name & Address
No/Sfx _____ ____	
Name _____	
_____	
Street _____	
City,State & Zip _____	

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

LEASE TYPE:

- ☐ New Lease
- ☐ Amended Lease Terms
- ☐ Re-encumber Previously Approved Lease

PRIOR DOC. NO.

_____

_____

LEASE DESCRIPTION:

PAYMENT SCHEDULE:

Total Lease Commitment Amount $ _____

Lease Beginning Date: _____ Lease Ending Date: _____

Payment Frequency:

_____ payment(s) of _____ due _____

_____ payment(s) of _____ due _____

APPROVALS:

Director of Facilities Management — Date

Director of Accounts and Reports — Date

Approved as to form and execution:

Dept. of Admin. Att. or Att. Gen. — Date

Secretary of Administration — Date

This contract was prepared and executed at my direction with full knowledge of the obligations incurred.

Agency Authorized Signature — Date

An Equal Opportunity Employer

Lessor Copy