

Palm Springs Unified School District
Purchasing Services
Agreement Check List
Please Print or Type

Purchasing Use Only
Date Received: _____
PSUSD No.: _____

- New Agreement
 Amendment
 Memorandum of Understanding
 Revenue

IF THE PROVIDER/VENDOR IS A CURRENT OR RETIRED DISTRICT EMPLOYEE OR MAY BECOME A DISTRICT EMPLOYEE DURING THE COURSE OF THE PERFORMANCE PERIOD, CONTACT FISCAL SERVICES PRIOR TO ANY COMMITMENT FOR SERVICES.

EMAIL THIS CHECK LIST AND PROVIDER PROPOSAL TO agreements@psusd.us

Provider/Vendor Name: _____ Requisition #: _____
Site Requestor/Administrator: _____ Site Phone #: _____
Budget Fund #/Description: _____ Site Name: _____
Brief Description of Project: _____

PROVIDER PROPOSAL REQUIREMENTS

- | | |
|--|--|
| <input type="checkbox"/> Provider/Vendor Contact Information | <input type="checkbox"/> Reimbursable Expenses if applicable list |
| <input type="checkbox"/> Actual Dates of Service | <input type="checkbox"/> Description of Payment Terms include amount and invoicing terms |
| <input type="checkbox"/> Proposal Signed and Dated | <input type="checkbox"/> Description of Services including dates and site locations |
| <input type="checkbox"/> Completed W-9 for new Provider/Vendor | <input type="checkbox"/> CA 590 or CA 587 if out of state Provider/Vendor |

PURCHASING SERVICES USE ONLY

Required Actions	Date Sent	Date Rec'd	Comments
<input type="checkbox"/> Agreement to Provider <input type="checkbox"/> Amendment to Provider <input type="checkbox"/> Supplementary Requirements			
<input type="checkbox"/> School Site Safety Certification Form			
<input type="checkbox"/> W-9/ CA 590/587			
<input type="checkbox"/> Certification of Insurance			
<input type="checkbox"/> P. Ex Agreement from Provider			<input type="checkbox"/> Electronic Copy
			<input type="checkbox"/> Originals
<input type="checkbox"/> Agreement to Business Services			

Projected Board Approval Date: _____ Amount: \$ _____ Actual Board Approval Date: _____
Additional Notes: _____