## Cambridge Public Schools Professional Services Requisition

Requester Name:			Ck	<u>Account</u>		<u>Fund</u>	nd	Dent	Proj/Grant
		<u> </u>	<u>One</u>				<u>iu</u>	<u>Dept</u>	<u>Proj/Grant</u>
School/Dept.:	chool/Dept.:			53107 Prof. Develop		•			
Phone #:	ne #:			55107 Instr. Services		es			
Requisition #:				53101					
				Other:					
Vendor Information	n:								
Vendor Name:									
Street Address:									
City:					State:				
Email:					Zip Code:				
Contact Name:					Phone:				
Contract Period: Contract Amount:									
Start Date:	End Date:				Not to Ex	ceed:			
Scope of Services (	Please attach proposal	if available	e)		PO Amount		,		
Payment Terms: (Select One)  CORI Authorization:		aily Rate o urly Rate o s as follow	of: of es:	ereby c	ertifies that	the servic	es do/	do not	require a
criminal background	check in accordance	with state	e law a	and the	CORI policy	of the Car	nbridg	e Publi	c Schools.
	CORI Required			CORI <u>No</u>	ot Required				

Submit to: CPS PURCHASING DEPT. Form Date: July 2019

Date:

Administrator Name: