

## Cambridge Public Schools Professional Services Requisition

**Requester Name:**

**School/Dept.:**

**Phone #:**

**Requisition #:**

<u>Ck One</u>	<u>Account</u>	<u>Fund</u>	<u>Dept</u>	<u>Proj/Grant</u>
	53107 Prof. Develop			
	55107 Instr. Services			
	53101 Prof/Tech			
	Other:			

**Vendor Information:**

<b>Vendor Name:</b>	<input type="text"/>		
<b>Street Address:</b>	<input type="text"/>		
<b>City:</b>	<input type="text"/>	<b>State:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>	<b>Zip Code:</b>	<input type="text"/>
<b>Contact Name:</b>	<input type="text"/>	<b>Phone:</b>	<input type="text"/>

**Contract Period:**

<b>Start Date:</b>	<input type="text"/>	<b>End Date:</b>	<input type="text"/>
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**Contract Amount:**

<b>Not to Exceed:</b>	<input type="text"/>
<b>Initial PO Amount (If Different):</b>	<input type="text"/>

**Scope of Services** (Please attach proposal if available)

**Payment Terms:**

Flat Amount at end of Project:

(Select One) Daily Rate of:

Hourly Rate of:

Progress Payments as follows:

**CORI Authorization:** The undersigned CPS administrator hereby certifies that the services do/do not require a criminal background check in accordance with state law and the CORI policy of the Cambridge Public Schools.

**CORI Required**

**CORI Not Required**

**Administrator Name:**

**Date:**