

LOS RIOS COMMUNITY COLLEGE DISTRICT
CONTRACT APPROVAL SHEET AND ROUTING FORM (email to contracts@losrios.edu)

ARC CRC SCC FLC DO IT FM OTHER_____

Agreement/Contract with: _____

Briefly explain the work to be performed under the Agreement: _____

The attachments include:

Scope of Work Certificate of Insurance with the District named as an additional insured

Vendor's email address: _____

Funding source: _____ **Amount \$:** _____ **Req No.:** _____

Budget Code: _____ / _____ / _____ / _____ / _____ / _____ / _____
Bus. Unit Account Fund Org Program Sub-Class Proj/Grant

Insurance Documents Valid for:

\$1 million single limit Commercial General Liability/\$3 million aggregate

\$1 million Professional Liability/\$2 million aggregate

\$1 million single limit Auto Liability

\$1 million Worker's Compensation **or** Worker's Compensation Insurance waiver for sole proprietors

I have read and agree with the terms of this agreement:

By: _____ **Date:** _____
Area Manager/Supervisor (Print name)

I approve as to Substance

By: _____ **Date:** _____
Applicable College VPA, DO/FM-AVC, (Print name)
DO-AVP (WED & Online engagement)
or Deputy Chancellor

Contract Review

By: _____ **Date:** _____
Contract Administrator (Print name)

General Counsel (for non-standard agreements or when changes to standard language are requested)

By: _____ **Date:** _____
General Counsel

Los Rios Community College District

By: _____ **Date:** _____
 Director AS/GS VC of Finance and Administration AVC Finance Deputy Chancellor