

TRCC Pre-Contract Information Sheet

Contract #:

Date Submitted: Click here to enter a date.

Originator (Staff/Faculty Member): Click here to enter text.

Phone No.: Click here to enter text.

Reminder:

AN APPROVED PURCHASE REQUISITION IS REQUIRED IN ORDER TO PROCESS CONTRACT!!

Funding Source:

Grant Funds: Operating Budget: Foundation: Student Activity:

Coding:

Fund	Org
Click here to enter text.	Click here to enter text.

Check Type of Contract:

Personal Service Agreement (PSA) used for Individuals: State Employee: Incorporated:

LLC: Contract less than 3K: Contract is over 3K: Contract is over 50K:

MOU (with another State Agency): Clinical Template: Revenue Generating:

Contractor Info:

Contractor Legal Company Name: Click here to enter text.

Contractor Contact: Click here to enter text.

Address 1: Click here to enter text.

Address 2: Click here to enter text.

Phone: Click here to enter text. Email: Click here to enter text.

Tax ID Info (Attach W9, SSN, FEIN): Click here to enter text.

Payment Info:

Contract Dollar Amount: \$ Click here to enter text.

Start Date: Click here to enter a date. End Date: Click here to enter a date.

Location of Event at TRCC: Click here to enter text.

Contracted Work Hours: Click here to enter text.

Payment Schedule: Pay all at end Pay ½ on Click here to enter a date.

Other – Explain details below

Explanation: Click here to enter text.

DETAILED Description of Services:

[Click here to enter text.](#)

Material Purchased by: Client College

Minimum Number of Students: [Click here to enter text.](#)

Maximum Number of Students: [Click here to enter text.](#)

Any Additional Information for this contract Please enter below:

[Click here to enter text.](#)