



Routing Information: Initial/date.

Budget Office _____ Senior Staff _____
 Purchasing Adm _____ Chief Financial Officer _____ Purchasing Adm _____

Contract/Agreement Transmittal Form

Please attach this form to your proposed contract/agreement/grant proposal when submitting it for approval.

Providence School Department:	Contracting Party:
Contact Person: <u>Lino Cambio</u>	Organization: <u>Sodexo</u>
Department/School: <u>Food Services</u>	Contact Person: <u>Mike Grey</u>
Phone #: <u>401-456-9311</u>	Address: <u>959 North Main Street Providence, RI 02905</u>
	Phone #: <u>401-453-8679</u>

Proposed School Board Agenda Submission Date: 5/19/21
 Proposed Board of Contract & Supply Submission Date (contracts of \$5000 or more)

Have you provided a copy of the PSD Travel Expense Guidelines for Consultant Services with consultant so the consultant is aware of reimbursement limitations and requirements and the method for submitting appropriate receipts and forms? Yes N/A

1. Do you have existing funds and an existing budget code to pay this cost? Yes N/A
 2. Budget Codes: 02700 312102500 55701 Source Company 60
 Requisition #:
 3. Desired Start Date: 7/1/21

Have you secured any necessary building service requirements (e.g. building open on non-work day or after hours, food service requirements, security, substitutes, etc.) with appropriate department? Yes N/A

REVIEWED AND APPROVED:

Originator's Signature	<u>Lino Cambio</u>	Date	<u>4/08/21</u>
Budget Office Signature		Date	
Authorized Signature (Senior Staff)		Date	