

**Completed by Business Affairs Department**

Contract # \_\_\_\_\_ Bid # \_\_\_\_\_

Requisition # \_\_\_\_\_ Vendor CMCSS Employee?

Vendor # \_\_\_\_\_ Yes ☐ No ☐Board Funds ☐ ISA Funds ☐
**Clarksville Montgomery County School System**  
**CONTRACT ROUTING SHEET**

*Please complete the information below. Routing Sheet must be signed by all applicable parties shown at the bottom of form.*  
*General Counsel approval required only on non-CMCSS contracts.*

Vendor Name \_\_\_\_\_

Is this a renewal contract? Yes ☐ No ☐

Vendor Contact \_\_\_\_\_

Vendor Phone \_\_\_\_\_

Description of contract \_\_\_\_\_

**Funds Required**

Account Number(s) \_\_\_\_\_

No Funds Required ☐**Contract Amount \$** \_\_\_\_\_

Contract Start Date \_\_\_\_\_

Contract End Date \_\_\_\_\_

Notes

Please Note: **All** contract terms must adhere to guidelines that payment will be made fifteen (15) business days or greater of receipt of the invoice assuming all terms and conditions have been met. Currently, CMCSS only pays vendors by check. Neither party shall require indemnification by the other.

By signing below, the program manager/principal approver confirms all bid/quote requirements have been met and applicable documentation provided regarding the contract based on amount. **Over \$2,500, receive 3 quotes. Over \$10,000, obtain 3 written quotes (attach quotes). Over \$25,000, contract formal bid. Additional justification is required if quote/bid requirements are not met.**

**Review/Approval**

(1) Departmental/Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

(2) Program Manager Approval \_\_\_\_\_ Date \_\_\_\_\_

(3) Technology Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_

(4) Purchasing Director/Designee Approval \_\_\_\_\_ Date \_\_\_\_\_

(5) General Counsel Approval \_\_\_\_\_ Date \_\_\_\_\_

(6) Federal Sr. Accountant Approval \_\_\_\_\_ Date \_\_\_\_\_

(7) Administrative Analyst Approval \_\_\_\_\_ Date \_\_\_\_\_

(8) Chief Financial Officer/Designee Approval \_\_\_\_\_ Date \_\_\_\_\_