

New Agreement Request: <input type="checkbox"/>	Requisition No.:	Date of Request:
Amendment No.:	to Existing Contract No.:	Anticipated Board Date:

Funds must be encumbered by

Funds must be expended by

RECEIVED IN PURCHASING
TIME STAMP HERE

CONTRACT REQUEST FORM (CRF)
For New Contract Services
or to Amend Existing Contracts

FOR PURCHASING USE
ONLY CONTRACT NO.

EFFECTIVE IMMEDIATELY:

- **Incomplete** Contract Request Forms received in purchasing (in-person or via email) will not be processed.
- **Incomplete** form will be returned to the requesting Dept. with a list of required missing information (no exceptions)
- In order for your Contract Request Form to be processed for the next scheduled Board of Trustees meeting, all the required information, forms and signatures are due a minimum of 10 (ten) business days prior to the date of the next Board meeting. See scheduled board dates at: <https://pasadena.edu/about/board-of-trustees/meetings.php>
- NO CONTRACTOR PROVIDED SERVICES MAY BEGIN OR WILL BE PAID WITHOUT AN EXECUTED CONTRACT.

1. REQUESTING DEPARTMENT INFORMATION:

Requesting Dept.	Requestor Name
Phone/Ext	Email

2. CONTRACTOR/FIRM/CONSULTANT INFORMATION:

Is the Contractor Currently an Employee of the District?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Contractor (Full Legal Entity Name)			
Payment Address	City	State	Zip Code
Contractor Contact (Representative Name)		Title	
Phone/Ext	Email		

3. ACCOUNT INFORMATION: (Check one of the three boxes below)

<input type="checkbox"/> No Cost to District Internship/Affiliation/Partnership Agreement - skip account number section	<input type="checkbox"/> No Cost to District, District to Receive Funds/Grants/Payments - provide account number for where funds are to be deposited	<input type="checkbox"/> At Cost to District - provide account number for payment disbursement
Account Name:		
Fund	Org	Amount in Dollars
Account Name:		
Fund	Org	Amount in Dollars
Account Name:		
Fund	Org	Amount in Dollars

4. AGREEMENT/AMENDMENT INFORMATION: (Check one of the two boxes below)

<input type="checkbox"/> New Agreement Request (No existing contract with contractor. Existing contract has expired. New unrelated services requested from contractor. Existing contract can no longer be extended.)	<input type="checkbox"/> Amendment Request (Existing contract still active and within the 5 (five) year term limit. Amendment to extend terms of contract and/or modify contract value and/or modify existing clauses or scope of work.)
--	--

5. NEW AGREEMENT:

Description/Purpose of Contract:			
EMP Code:	Start Date:	End Date:	
Not-to-Exceed Total Contract Value:	Billable at a Rate of:	Per:	*Hour, Month, Etc.

6. AMENDMENT TO EXISTING CONTRACT:

Existing Contract Start Date:	Existing Contract/Amendments End Date:
Combined Existing Contract and Amendments Total Value:	
Extend Contract End Date to:	Increase Contract Value by:
Modify Scope of Work or Clause:	<input type="checkbox"/> attached modified scope of work <input type="checkbox"/> attached modified section or clause language

7. ADDITIONAL REMARKS, NOTES, COMMENTS:

--

REQUIRED ATTACHMENTS: (CRF with incomplete or missing documents will be rejected or delayed)

☐ Independent Contractor Questionnaire (Required with all Contract Request Forms and/or Personal Services Agreements)

AUTHORIZATION TO PROCESS REQUEST:

Requestor/Cost Center Manager Signature	Date	Area Senior Vice President Signature of Approval	Date
---	------	--	------