



# CONTRACT REQUEST FORM – Location: Pierce Coll

This form must be received in LACCD's Business Services Division **FOUR WEEKS PRIOR** to commencement of the Contract Period [excludes Short Term Agreements (STAs), Facilities Orders, and some Short Forms].

FOR OFFICE USE ONLY:  
 SAP Doc. #: \_\_\_\_\_  
 Notes: 10039056

\* = Required Information

**Note:** Please check which "Action" item you will be using

### \*ACTION

- New contract
- Amend contract
- Renew contract
- Terminate contract
- Income

Contract #: \_\_\_\_\_

### GENERAL AGREEMENTS

- Educational Services
- Lease of Equipment
- Lease of Facility
- Maintenance of Equipment
- Performance/Workshop
- Professional Services
- Other: \_\_\_\_\_

### SHORT TERM AGREEMENT (STAs) (\$5,000 or less AND one year or less)

- Community Services
- Model
- Performance/Workshop
- Personal Services
- Reader
- Other: \_\_\_\_\_

**Professional Services**

### FACILITIES

- Consultant Proposal
- Facilities Order
- Professional Services
- Short Form
- Standard Form
- Other: \_\_\_\_\_

\*\* Excludes Short Term Agreements (STAs), Facilities Orders, and Some Short Forms

## CONTRACT INFORMATION

\*Period of Services: From: May 4, 2016 To: May 4, 2017 (Inclusive)

\*Lessor / Contractor: GST SAP Vendor # (if known): 1002412

\*SSN / Federal Tax ID: 33-0116008

\*Street Address: 13043 EAST 166th STREET

\*City: CERRITOS \*State: CA \*Zip: 90703

\*Contact Person: Michael Stone \*Phone #: (562)345-8751

License #/License Type: \_\_\_\_\_ \*Fax #: (562)345-8714

\*To be billed per:  Month  Semester  Contract Period  Other: Per Invoice

\* Rate or Cost or  Income \_\_\_\_\_ Per:  Day  Month  Year

Other: \_\_\_\_\_

## LOCATION INFORMATION

\*Requestor: Mark E. Henderson Date: 5/4/16

\*Title/Position: Manager, College Information Systems \*Dept.: Information Technology \*Phone/Ext.# 818.610.6551

Contact: \_\_\_\_\_ (Complete if different from Requestor) Phone/Ext.# \_\_\_\_\_

### \*Funds Center Approval:

If using multiple accounts, please provide details in the "Description" area below.

Fund (Fund/Program)	G/L Account (Object Code)	WBS/Cost Center
10100	582400	P6370A

For help on new accounting codes, please refer to <http://sap.laccd.edu> under section "Account Cross Reference".

### APPROVALS:

(1 = College; 2 = District)

\*Printed Name: MARK E. HENDERSON

\*Signature: [Signature]

\*VP of Admin.<sup>1</sup>/Mgr.<sup>2</sup>: \_\_\_\_\_

\*Date: 5/6/16

\*President<sup>1</sup>/Director<sup>2</sup>: [Signature]

\*Date: 5/9/2016

\***Specific description, purpose, and justification** (Describe each in full – use separate sheet if needed and/or attach all necessary documentation.)

IT Services Group is requesting to execute this statement of work to deploy new smart classroom AV structure in the Automotive Technology classroom locations.

\*Estimated cost for total contract period: \$ 56,461.97