



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: _____

* = 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: March 16, 2017 To: July 1, 2017 (Inclusive)

*Lessor / Contractor: UTELOGY CORPORATION SAP Vendor # (if known): 1017893

*SSN / Federal Tax ID: 27-1138670

*Street Address: 2900 BRISTOL STREET, B201

*City: COSTA MESA *State: CA *Zip: 92626

*Contact Person: James Gonzalez *Phone #: (714) 699-2121

License #/License Type: _____ *Fax #: (714) 699-2118

*To be billed per: Month Semester Contract Period Other: As services are needed.

* Rate or Cost or Income _____ Per: Day Month Year

Other: _____

LOCATION INFORMATION

*Requestor: Mark E. Henderson Date: 3/14/17

*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	562100	P2630A

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: ME Henderson

*VP of Admin.¹/Mgr.²: [Signature]

*Date: 3/16/17

*President¹/Director²: _____

*Date: _____

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

Execution of Uteology system training for IT, Media Center, and professional development personnel.

*Estimated cost for total contract period: **\$ 5,000**



2900 Bristol Street, Ste. B201
Costa Mesa, CA 92626-5948

Quote 1567

Please note our address has changed!

Date 3/8/2017

Name / Address

Project

LA Pierce College
Attn: Larry Kraus
6201 Winnetka Ave
Woodland Hills, CA 91371

Terms: Net 30

Description	Qty	Rate	Total
Utelogy training of End users (Faculty) and of Technical staff (IT Department) *Please refer to SOW documentation for details of deliverable.	5	1,000.00	5,000.00
	Total		\$5,000.00