

LOS RIOS COMMUNITY COLLEGE DISTRICT  
**CONTRACT APPROVAL SHEET AND ROUTING FORM** (email to [contracts@losrios.edu](mailto:contracts@losrios.edu))

☐ARC ☐CRC ☐SCC ☐FLC ☐DO ☐IT ☐FM ☐OTHER\_\_\_\_\_

**Agreement/Contract with:** \_\_\_\_\_

**Briefly explain the work to be performed under the Agreement:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The attachments include:**

☐ Scope of Work ☐ Certificate of Insurance with the District named as an additional insured

☐ Vendor's email address: \_\_\_\_\_

**Funding source:** \_\_\_\_\_ **Amount \$:** \_\_\_\_\_ **Req No.:** \_\_\_\_\_

**Budget Code:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Bus. Unit      Account      Fund      Org      Program      Sub-Class      Proj/Grant

**Insurance Documents Valid for:**

☐ \$1 million single limit Commercial General Liability/\$3 million aggregate

☐ \$1 million Professional Liability/\$2 million aggregate

☐ \$1 million single limit Auto Liability

☐ \$1 million Worker's Compensation **or** Worker's Compensation Insurance waiver for sole proprietors

**I have read and agree with the terms of this agreement:**

☐ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Area Manager/Supervisor (Print name)

*I approve as to Substance*

☐ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Applicable College VPA, DO/FM-AVC, (Print name)  
DO-AVP (WED & Online engagement)  
or Deputy Chancellor

**Contract Review**

☐ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Contract Administrator (Print name)

**General Counsel (for non-standard agreements or when changes to standard language are requested)**

☐ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
General Counsel

**Los Rios Community College District**

☐ **By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
☐ Director AS/GS ☐ VC of Finance and Administration ☐ AVC Finance ☐ Deputy Chancellor