



SANTA BARBARA COMMUNITY COLLEGE DISTRICT INDEPENDENT CONTRACTOR/CONSULTANT REQUEST FORM

CONTRACT #

This document is required to obtain approval for a professional expert, independent contractor or consultant.

This form is not to be used to purchase supplies or equipment, or pay an invoice.

Rev 2020-01-01

REQUESTER INFORMATION

Requester Name _____ Requester Department _____

Requester Email _____ Requester Phone Number _____

VENDOR INFORMATION

Vendor/Company Name _____ Vendor Representative's Name _____

Vendor Email _____ Vendor Phone Number _____

SERVICE TO BE PROVIDED

Brief Description of Service to be Provided

Type of Service

Professional Expert – Presenter, speaker, performer, instructor, interpreter, etc.

Independent Contractor/Consultant – Architect, survey designer, researcher, program consultant, attorney, etc.

Start Date(s) and End Date(s) _____

Total Cost of Service _____

INTERNAL DOCUMENTS AND PROCESSING REQUIRED

Contract Type (Select one only)

SBCC Contract (if over \$10K) Signed by vendor only

Vendor Contract (requires approval by legal counsel) signed by vendor only

No Contract (if \$10K and under)

Target Board Meeting Date (if >\$10K) _____

Budget Code FUND _____ ORGN _____ ACCT _____ PROG _____ ACTV _____ LOCN _____ PROJ _____

REQUESTING SIGNATURE APPROVALS

Dean/Manager Name _____ Signature _____ Date _____

EVP/VP Name _____ Signature _____ Date _____

President *) Name _____ Signature _____ Date _____

**President's signature required only if requestor is EVP/VP.*

Forward this form with contract signed by the vendor only (if over \$10K), quote/proposal/statement of work and W9 to Business Services.

***** INTERNAL USE ONLY - DO NOT COMPLETE NEXT SECTION *****

Vice President Business Service Signature _____ Signature _____ Date _____

Vendor K Number _____ Purchase Order Number & Date _____