

Order PO



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER
10 College Parkway
Folsom, CA 95630

PURCHASE ORDER NO. CBF13043
Service Agreement No. 45076 *Commencement*

PO Date: Apr 29, 2013 Date Required: 5/22/2013

Ordered By: Sarah Aldea Requisition #: 35321

VENDOR: JESSICA WATSON
3326 VISTA DEL MUNDO
CAMINO CA 95709

SHIP TO: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630
BILL TO: FOLSOM LAKE COLLEGE
ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY
FOLSOM, CA 95630

PH: 530.417.4358

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
1	CONTRACTED SERVICES FOR: 2013 Folsom Lake College Commencement On Wednesday May 22, 2013	1.00	EA	\$416.400	\$416.40
	SERVICES TO INCLUDE: Creation, Installation and Breakdown of Balloon Columns and Decorations for Commencement Ceremony				
	PER SERVICE AGREEMENT No. 45076 and Scope of Work Vendor to provide all supplies, labor and related services as quoted.				
	PAYMENT TERMS: 50% Deposit of \$208.20 Due May 1, 2013				
	50% Balance of \$208.20 Due by June 11, 2013 Vendor to Provide Invoice.				
	Shipping/Handling (taxable)				

paid 4/30/13 CK# 94-030295

INSTRUCTIONS:

Sub Total

State Tax %

State Tax

Shipping

Total PO Amount


*PO & Deposit Check needed to
vendor 5/3/13.*

All shipments, invoices, and correspondence must be identified with our Purchase Order Number
Direct all deliveries and delivery documents to the SHIP TO address.
Direct all correspondence and invoices to the BILL TO address.
NO PAYMENT will be made without an invoice.

Payment Terms: NET 30

AUTHORIZED SIGNATURE AND DATE

Kathleen Kubler 4/29/13


FOLSOM LAKE COLLEGE
 EL DORADO CENTER-RANCHO CORDOVA CENTER
FLC BUSINESS SERVICES

CHECK ONE

ASG(71,72)
 College Act. Trust(81)
 Foundation(83)
 IR(13,14)
 Three Stages(55)

CAMPUS-BASED REQUISITION

APRIL 9, 2013 APR 12 A 9:11
 DATE

VENDOR JESSICA WATSON
 ADDRESS 3324 VISTA DEL MUNDO
 CITY CAMINO
 STATE CA ZIP 95709

REQ. # CBF 35321
 PO REQUIRED(circle one) YES NO
 P.O. # CBF 13043
 DATE REQUIRED 5/22/13

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	BALLOON DECORATIONS FOR 2013	1	EACH		\$416.40
2	FLC COMMENCEMENT PER				
3	ATTACHED PROPOSAL.				
4					
5	COST NOT TO EXCEED \$416.40				
6					
7					
8					
9					
10					

Check Distribution

Call Student, Hold for pick up # _____
 Call _____, Hold for pick up # _____
 Forward to _____
 Inter-Campus mail to _____
 USPS mail
 Other _____

Sub-Total	
Sales Tax	
Freight	
TOTAL	416.40

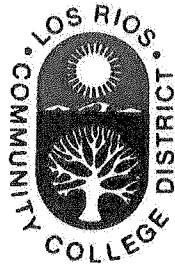
COMMENCEMENT SCOFL | 5100 | 13 | FL-VA-OFFC | 07100 | 00000 | 010A \$ 416.40
 Account Name Bus Unit Account Fund Department Program Class Project Amount

_____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ \$ _____
 Account Name Bus Unit Account Fund Department Program Class Project Amount

AUTHORIZED SARAH ACEDA
Club Officer/Requestor
 APPROVED Dig Dell 4/12/13
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked D
 Voucher # 35321-1
 Warrant # _____
 Vendor ID 1341
 Date 4/30/13
 Date _____



American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College

VENDOR PACKET

Vendor Packet Check List

1. REVIEW/INFORMATION ONLY:

Purchase Order Terms and Conditions

Insurance Requirements for vendors providing onsite or contract services

2. COMPLETE AND RETURN:

Vendor Application

W-9

VENDOR NAME: JESSICA WATSON

Return the following via email, mail or fax:

Application W-9

Email – lrccdpurchase@losrios.edu

Mail – 1919 Spanos Court, Sacramento, CA 95825

Fax – (916) 568-3145



VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Jessica Watson

NAME OF FIRM		FEDERAL ID# OR SOCIAL SECURITY #	
		1 614-32-8191	
MAILING ADDRESS		REMIT ADDRESS	
3326 VISTA DEL MUNDO CAMINO, CA 95709			
PHONE	(530) 417-4358	FAX	
		EMAIL: <u>cajjw@comcast.net</u>	
WEBSITE		ORGANIZATION CLASSIFICATION (Check all that apply)	
		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> MBE <input type="checkbox"/> Partnership <input type="checkbox"/> WBE <input type="checkbox"/> Non Profit <input type="checkbox"/> DVBE <input type="checkbox"/> Corporation (List State Incorporated)	
AUTHORIZED COMPANY REPRESENTATIVES			
Name	Title/Capacity	Email	
			Contractor's License # _____

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
Balloon decoration creations		
latex/foil balloons		
helium		
event coordination/decoration		

VENDOR CERTIFICATION		OTHER BUSINESS INFORMATION	
I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer.		Payment Terms: <u>check</u> Discounts Extended: _____ Refund/Returns: _____	
INITIALS: <u>[Signature]</u>		SIGNATURE: <u>[Signature]</u> TITLE: <u>Independent Contractor</u> DATE: <u>4/10/13</u>	

VID 1341

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return) **JESSICA WATSON**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.) **3326 VISTA DEL MUNDO**
 City, state, and ZIP code **CAMINO, CA 95709**

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

6	1	4	-	3	2	-	8	1	9	1
---	---	---	---	---	---	---	---	---	---	---

Employer identification number

--	--	--	--	--	--	--	--	--	--	--

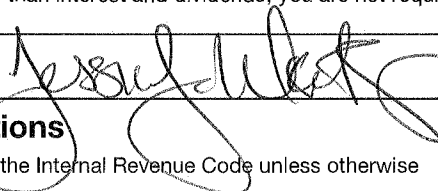
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person**  **Date** **4/11/13**

General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

LOS RIOS COMMUNITY COLLEGE DISTRICT
SERVICE AGREEMENT

(Information on the purchase order and the back of this form are part of this Agreement. Please read this important information.)

No. 45076

Attachment to Purchase Order No. _____

This Agreement entered this 11 day of April by and between the Los Rios Community College District (District) and
(CONTRACTOR), Jessica Watson CONTRACTOR No. _____ Social Security No. 614-32-8191

Business Name (if different) _____ FIN No. _____

Check One: Sole Proprietorship Partnership _____ Corporation _____ Check One: U.S. Citizen Resident Alien _____ Non-resident Alien _____

Telephone No. 530-417-4358 (SSN or FIN No. must be provided for payment)

Address 3326 Vista Del Mundo City and State Zip Camino, CA 95709

Are you now or have you been an employee of the District? Yes _____ No If yes, Date _____ Location _____

Are you related to an employee of the District? Yes _____ No If yes, who _____

GENERAL CONDITIONS:

1. **Scope of Work.** CONTRACTOR shall perform specific services as set forth below (attach separate schedule if necessary, and reference the attachment). The term of this Agreement is from (date) 5-23-13 to (date) 5-28-13. CONTRACTOR shall perform its services hereunder in accordance with the professional standard of care, skill and diligence customarily followed by consultants performing similar professional services on projects of comparable scope and quality.

2. **Compensation.** For its services hereunder, CONTRACTOR shall be paid a sum of money not to exceed \$ 416.40, during the term of this Agreement. Payment of this amount shall be made in accordance with established District payment schedules, and is contingent upon the CONTRACTOR submitting an invoice to the District Accounts Payable Office, and upon receipt of verification of services satisfactorily rendered (receiver) by the appropriate College/District Administrator. Payment terms are: See Attached Payment will be mailed to address on purchase order. CONTRACTOR agrees that none of the terms and conditions associated with its acceptance of this Agreement shall apply to, modify, or be incorporated into this Agreement, and the DISTRICT's acceptance of CONTRACTOR's goods, materials, equipment, services and/or labor or other items covered by or delivered under this Agreement shall not constitute acceptance of any additional or different terms and conditions on behalf of CONTRACTOR.

3. **Termination.** The DISTRICT shall have the right to terminate this Agreement with or without cause. The District may terminate the Agreement for convenience at any time and for any reason by giving thirty (30) days written notice of such termination to CONTRACTOR. In the event of termination for convenience, CONTRACTOR shall immediately cease rendering services and promptly deliver to the DISTRICT copies of all prepared work product, and CONTRACTOR shall only be entitled to payment for hours actually worked and direct costs incurred, plus a 10% mark-up on direct costs incurred, or the pro-rata share of the contract price, whichever is less. The DISTRICT may terminate the Agreement for cause which shall be effective immediately upon written notice. In the event of a termination for cause, CONTRACTOR shall not be entitled to any further payment, if any becomes due, until the Project is completed. The DISTRICT may proceed with the work in any manner deemed proper by DISTRICT, and all the DISTRICT's costs incurred by the District shall be deducted from any sum otherwise due CONTRACTOR under this Agreement and the balance, if any, shall be paid to CONTRACTOR upon completion of the work. The DISTRICT reserves all rights, including all rights to recover damages, inclusive of attorneys' fees, from CONTRACTOR, in the event of a termination for cause.

4. **Integration, Amendments.** This Agreement (front & back) and the purchase order constitute the entire Agreement by the parties. No other representations, whether oral or written are part of this Agreement except that the following document(s) are part of this Agreement: Scope of work letter. All amendments to this Agreement must be in writing and signed by authorized representatives of both parties.

5. **Independent CONTRACTOR not Agent.**

- CONTRACTOR, and its agents and employees, in the performance of this Agreement, shall be independent contractor(s) and no relationship of employer-employee exists between these parties and the DISTRICT.
- CONTRACTOR shall be responsible for determining the means, methods, or sequence used to complete the work required under this Agreement. CONTRACTOR shall be responsible for and accountable to the DISTRICT for the final product or service to be provided.
- If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such persons shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. Except as may be specifically provided elsewhere in this Agreement, all terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR. It is further understood and agreed that CONTRACTOR shall issue W-2 or 1099 Forms for income and employment tax purposes, for all of CONTRACTOR's employees, assigned personnel and subcontractors.
- Except as otherwise provided in this Agreement, CONTRACTOR is qualified to accomplish the work required in this Agreement and the DISTRICT will provide no training to CONTRACTOR.
- Except as otherwise provided in this Agreement, CONTRACTOR's ability to market or provide services to any other client shall not be limited by the DISTRICT.
- Except as otherwise provided in this Agreement, CONTRACTOR is to provide all necessary tools and materials.
- Prior to DISTRICT's acceptance of this Agreement, CONTRACTOR shall (a) identify their status as a sole proprietorship, partnership, or corporation, and (b) provide the DISTRICT with a copy of IRS Form W-9, Request for Certification of Federal Taxpayer Identification Number.
- CONTRACTOR agrees that, upon request, CONTRACTOR shall provide any documentation requested by the DISTRICT as evidence that appropriate taxes have been paid. If CONTRACTOR fails to pay appropriate taxes or to provide requested documentation, CONTRACTOR hereby agrees to indemnify the DISTRICT against any penalties and taxes levied against the DISTRICT by a taxing agency, and to reimburse the DISTRICT for such penalties and taxes.

Signature below by CONTRACTOR indicates that all parts of this Agreement have been read, understood and accepted.

Name of CONTRACTOR (Printed) Jessica Watson

Signature of CONTRACTOR [Signature] Date 4-11-13 Requisition # 35321

DISTRIBUTION: White: CONTRACTOR Green: Purchasing Canary: Accounting Pink: Business Office Goldenrod: Originator

4/11/13

Scope of Work

Creation of balloon columns and/or arches. Along with other balloon decorations, if needed.

All decorations include the use of latex and/or foil balloons.

All balloons are inflated with helium or air.

Hardware is used to hold/support columns in place. Fishing line or decoration string is used to hold balloons in place.

Jessy J. J. J.
4/11/13

Quote for Balloon Decorations

Event: Commencement FLC 2013

Supplies:

36" Silver Stars	\$14.00
36" Purple Stars	\$14.00
Pearl Tone Teal 11"	\$14.20
Silver 11"	\$14.20
Helium Tank	\$100.00
Structural supplies	\$50.00

\$ 206.40

Labor:

\$20.00 per hour

5/21/13- 4 hours	\$80.00
5/22/13- 4 hours	\$80.00
5/23/13- 2.5 hours	\$50.00

\$ 210.00

Total:

\$ 416.40

2/10/13

Payment Terms:

Total on contract \$416.40

Payment 1: \$ 208.20
due before 5/1/2013

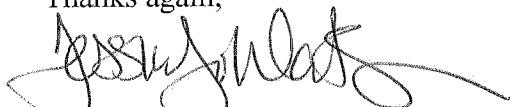
Payment 2: \$ 208.20
due after 5/23/13
before 6/1/13

April 5, 2013

Folsom Lake College,

Thank you for the opportunity to be a part of the Commencement Ceremony, once again. I am looking forward to it. If you have any questions about the quote you can contact me at 530-417-4358.

Thanks again,

A handwritten signature in black ink, appearing to read 'Jessica Watson', with a long, sweeping flourish extending to the right.

Jessica Watson

LOS RIOS COMMUNITY COLLEGE DISTRICT
INDEPENDENT CONTRACTOR vs. EMPLOYEE CHECKLIST

This questionnaire is to be used to determine if an individual is an independent contractor or employee. The individual should be consulted where necessary to answer all questions. If you believe that the individual qualifies as an independent contractor, submit a requisition, service agreement, checklist, and any explanatory attachments. The contract will not be valid until a Purchase Order is issued, and no agreements should be made nor should work commence before that time. Due consideration should be given to all questions, since the penalty to the originating department for misclassification is approximately 50% of the contract amount. For more information see the District Purchasing Guide. If you have any questions or require assistance, please contact the Director, Accounting Services at the District Office.

- | | Y | N |
|--|--------------------------|-------------------------------------|
| 1. Has this person ever been employed by the District? If so, please explain when and in what capacity _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Does the work include teaching, training, facilitating, counseling, curriculum development, workshops, seminars, or any other function related to education? If so, please explain _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Will the District exercise any control, direction or supervision of the contractor? If so, please explain _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to any of the above questions is "Yes" this person should be classified as an employee. If you believe that independent contractor status can still be justified, please attach a statement explaining why, and continue to question #4. If the answer to all of the above questions is "No", continue to question #4.

- | | | |
|---|-------------------------------------|-------------------------------------|
| 4. Must this individual perform the services (as opposed to the individual subcontracting or assigning the work to others)? Please explain to what extent the individual may or may not hire/subcontract others to do the work _____. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this individual worked for the District as an independent contractor in the past? If so, please explain the nature of past services (for what period, continuous vs. intermittent, how many hours, etc.) _____. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Can the contractor quit for any reason other than the District's breach of contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Can the District terminate the contract for any reason other than the contractor's breach of contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If the answer to three or more of these questions 4 through 7 are "Yes" this person should be classified as an employee. If you believe that independent contractor status can still be justified, please attach a statement explaining why and continue to question #8.

- | | | |
|--|--------------------------|--------------------------|
| 8. Does the individual operate an independent trade or business, offering these same services to the general public? If so, please ask the individual what proportion of their annual revenues are obtained from the District:
Less than 25%- _____ Between 25% & 50% _____ Over 50 % _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does this individual have a substantial investment in his/her business, maintain facilities, own/rent equipment, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does the individual provide all materials, supplies, and support services necessary for performance of this service? If no, please explain _____. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does the individual bear the cost of any travel and business expenses incurred to perform this service (no District reimbursement)? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to questions 8 through 11 is "Yes", and the answer to questions 1 through 7 is "No", this individual can be classified as an independent contractor.

The above information has been compiled and reviewed per District Guidelines:

Originator: By [Signature]

Date: 4/10/13

LOS RIOS COMMUNITY COLLEGE DISTRICT
Service Agreement Certification Form

Requisition No 35321
Description of Services _____

As of January 1, 2003, Education Code Section 88003.1 restricts the District's ability to contract for services. Before a requisition can be processed, the following certificate must be completed indicating that the required service meets the Ed Code criteria.

Section I

The requisition will not go forward for processing unless you answer yes to at least one of the questions below:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Is this a continuing Service Agreement that was in place before January 1, 2003? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The Legislature has specifically mandated or authorized the service to be contracted out. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The necessary services are either unavailable within the District workforce, cannot be satisfactorily performed by employees, or are very highly specialized. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. The services are incidental to a contract for the purchase of real or personal property, for example a service contract for office equipment. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Contracting out is necessary to avoid a conflict of interest or other legal problem, or where an outside perspective is needed. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. The service is needed to respond to an emergency. The contract shall be no longer than sixty days. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. The contractor will provide equipment, materials, facilities or support services that could not feasibly be provided by District staff. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. The services are so urgent, temporary or occasional that the delay in the District's hiring process would frustrate the purpose. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Section II

If the services do not fall within one of the above exceptions, the requisition will not go forward unless you answer yes to all of the following questions:

- | | | |
|--|--------------------------|--------------------------|
| 1. There clearly will be actual overall cost savings. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. The District must consider the salaries and benefits of additional staff and the cost of additional space, equipment and materials. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The District shall not include the District's indirect overhead costs, unless those costs would be exclusively caused by the work. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The District shall include the District's costs of supervising, inspecting or monitoring the contractor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The services are not being contracted out solely to save money. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The contract does not cause the displacement of District employees. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The savings must be large enough that market fluctuations will not tip the balance. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The amount of savings must clearly justify the size and duration of the contract. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The contract must be publicly bid. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The contract includes specific qualifications of the staff that will perform the work and includes nondiscrimination provisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. There is minimal risk of contractor rate increases. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The contract is with a firm. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The potential economic advantage of contracting out is not outweighed by the public interest in having the work done in-house. | <input type="checkbox"/> | <input type="checkbox"/> |

If the services do not qualify under Section I or II, then the services must be completed by District staff and the requisition cannot be processed.

Certified by: _____

Buy Sell

(Dean or other Authorized Signature)

Date: _____

4/10/17