

APPROVAL FOR THE ATTACHED PROFESSIONAL SERVICES CONTRACT

1. Originator: _____ Date: _____

Title: _____

Source of Funding: _____

2. Approval of:

Division Chair

Dean or Director

3. Certification of Funds:

Comptroller

Date: _____

4. Approval of Appropriate Vice-Chancellor:

Academic Affairs, Finance, Student Affairs, Economic Development

5. Review of Contract by Assistant Director of Purchasing:

Approved

Not Approved

Approved—Needs Further Approval
of Office of Contractual Review, Civil
Service, LCTCS Board.

Assistant Director of Purchasing

6. Account Name to be Charged: _____

7. Account Number to be Charged: _____