

# Contract Transmittal Form

Date: \_\_\_\_\_

Contract Number: C\_\_\_\_\_

To: Geauga County Auditor's Office

From: \_\_\_\_\_  
Department

\_\_\_\_\_  
Dept Head Signature

Fund: \_\_\_\_\_  
Fund Code

\_\_\_\_\_  
Fund Name

Account: \_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Name

Vendor's Name: \_\_\_\_\_

Vendor ID#: \_\_\_\_\_

<input type="checkbox"/> C= Informal Contract	<b>New Contracts</b>
<input type="checkbox"/> F= Formal (bid) Contract - A copy of the signed contract must be attached.	
Address: _____ _____ _____	
Federal Tax ID Number: _____ <span style="float: right;">(If new vendor and this is not currently on file)</span>	
1099? <input type="checkbox"/> yes <input type="checkbox"/> no	
Purpose of Contract: _____	
Open Contract for the amount of \$ _____	
<b>Contract Maintenance</b>	<b>Amount \$</b> _____
<input type="checkbox"/> Increase (Attach supplemental Contract if necessary) Reason: _____	
<input type="checkbox"/> Decrease Reason: _____	
<input type="checkbox"/> Close (Return balance, if any, to account - list on the Amount line above)	
<input type="checkbox"/> Change of Original Information (record in appropriate space under "New Contract")	

For Auditor's Use Only

Deputy: \_\_\_\_\_

Date: \_\_\_\_\_

New Contracts:  
Certified in Accordance with 5705.41 D

Contract Maintenance:  
Contract Balance Before Change: \$ \_\_\_\_\_

Contract on File:  yes  no

Contract Balance After Change: \$ \_\_\_\_\_

Original and 2 copies required for Depts that go through Commissioners session for approval. Other Depts only need to submit the Original and 1 copy.

Revised  
5/20/02