Racine County Contract & Contract Amendment Form

Attach one copy of the contract to be filed. Attach more copies if required by vendor.

Munis Contract #:			Amendmen	nt: □ Yes □ N	No Signed by ve	endor: ☐ Yes ☐ No	0
Contract Type	□ Non Encumb	er Expense	Encumber Ex	xpense HSD	PO Expense	е	
Vendor/Customer #:		Vendor Na	ame:				
		Full Addr	ress:				
Department:				_	Sub Department:		
Brief Description of Se	ervices:						
Contact/administrator	:				Contact Munis ID:		
Contract Start:			Contra	act End:			
					is needed before the contrac has been followed.	t can be processed.	
Accounts Information Account Nam		Acco	ount Number		Available Budget	Contract Amount	YR
ACCOUNT INAM	<u>e:</u>	7000	UUI MUHINEI		Avallable buuget	COMITACT ATTIOUTE	I I
						+	+
						+	+
							+
				-			+
				-			
				-			
				•			1
If additional account line	s are necessary, a	attach a schedule.			Total:		<u> </u>
Have you read the ag	greement:	□ Yes □	□ No	Do you unde	rstand & agree with the	Terms: ☐ Yes	□ No
Are there things that y	•	-			□ Yes □ No		
Was a resolution pass	sed to authorize	e the original co	ntract:	□ Yes □ N	No		
If yes, indicate the res	solution number	r:			(attach a copy of the resolution	on)	
Is there a required sig			□ No	If yes,	, what date:		_
Corp Counsel Stamp:	<u> </u>			County Clerk	Stamp:		
,					,		