

# Contract Transmittal Form

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

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

To: Geauga County Auditor's Office

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

\_\_\_\_\_  
Department Head Signature

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

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

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

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

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

Vendor's ID#: \_\_\_\_\_

## New Contracts

- Contract = Informal Contract
- Formal Contract - A copy of the certified and signed contract must be attached
- Formal Contract - Exceeds \$50,000 - A copy of the certified and signed contract must be attached along with bid results

State Term Pricing # \_\_\_\_\_ (If Applicable)

Purpose of Contract: \_\_\_\_\_  
\_\_\_\_\_

Open Contract for the amount of \$ \_\_\_\_\_

## Contract Maintenance

**Amount \$** \_\_\_\_\_

- Increase (Attach supplemental contract if necessary) Reason: \_\_\_\_\_
- Decrease Reason: \_\_\_\_\_
- Close (If current year encumbrance, the balance, if any, will be returned to the account)

### FOR AUDITOR'S OFFICE USE ONLY

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

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

The contract associated with this document has been certified in accordance with 5705.41 D and this encumbrance does not exceed the certified amount. Yes  No

Contract Balance Before Change \$ \_\_\_\_\_

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

Contract on File: Yes  No

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