

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) Bid Exemption O.R.C. _____

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