

SERVICES PRE-CONTRACT QUESTIONNAIRE

Prepare and submit this form prior to entering into a Services Contract. If the Contractor is listed on the VCUST with the SAE Control Number under Organization, enter the SAE Control Number from VCUST in the space below and submit this form with the first invoice for payment.

1. Department _____
Contact _____ Phone _____ Fax _____
2. Contractor _____
Federal Tax ID or Social Security Number _____
Address _____

3. Contracted Service/Product _____
4. Contract Period From _____ To _____
5. Contract Cost: \$ _____
Source of Funds: State ___% Fed ___% Other ___% Explanation _____
Account Codes: Fund ___ Dept ___ Unit ___ Sub-Unit ___ Object ___
6. New Contract Amended Contract Previous Contract Date _____

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For Department Use

Attach form SS-8 if not contracting with a corporation,
attach PCQ and signed contract, & forward to DAS-SAE

Sole Source? Yes No

Employer/Employee Relationship? Yes

Signature of Department Director or Designee

Typed Name

Title

Date

Generic Contract Number _____

SAE Control Number _____

For Department of Administrative Services Use

Employer/Employee Relationship? Yes No

DAS-SAE Signature

Date