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. Policy 240.102

1.	Department						
	Contact		F	hone		Fax	
2.	Contractor						
	Federal Tax ID or Social Security Number						
	Address						
3.	Contracted Servio	e/Product					
4.	Contract Period From To						
5.	Contract Cost: \$_						
	Source of Funds: State% Fed% Ot				% Exp	lain	
	Account Codes:	Fund	Dept	Unit		Sub-Unit	Object
6.	New Contract	Amended	l Contract [Previous	Contract	Date	
	r Department Use						
Attach form SS-8 if not contracting with a corporation,				Generic Contract Number			
attach PCQ and signed contract, & forward to DAS-SAE Sole Source? Yes No				SAE Control Number			
Employer/Employee Relationship? Yes				SAL CO			
Signature of Department Director or Designee				For Department of Administrative Services Use			
				Employ	/er/Emplc	yee Relationsh	nip? 🗌 Yes 🗌 No
Тур	oed Name						
Title				DAS-SAE Signature			