

SHORT FORM CONTRACT

(For agreements up to \$9,999.99)

STD. 210 (REV. 1/01)

CONTRACT NUMBER	AM. NO.	FEDERAL TAXPAYER I.D. NUMBER
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Invoice must show contract number, itemized expenses, service dates, vendor name, address and phone number. **SUBMIT INVOICE IN TRIPLICATE TO:**

FOR STATE USE ONLY

STD. 204 N/A ON FILE ATTACHED CERTIFIED SMALL BUSINESS
 CCCs N/A ON FILE ATTACHED CERTIFICATE NUMBER

DVBE _____% N/A GFE _____

Late reason _____

Public Works Contractor's License _____

Exempt from bidding (Explain) _____

1. The parties to this agreement are:

STATE AGENCY'S NAME, hereafter called the **State**.

CONTRACTOR'S NAME, hereafter called the **Contractor**.

2. The agreement term is from _____ through _____

3. The maximum amount payable is \$ _____ pursuant to the following charges:

Wages/Labor \$ _____ Parts/Supplies \$ _____ Taxes \$ _____ Other \$ _____ *(Attach list, if applicable)*

4. Payment terms (Note: All payments are in arrears.) ONE TIME PAYMENT (Lump Sum) MONTHLY QUARTERLY

ITEMIZED INVOICE OTHER _____

5. The Contractor agrees to furnish all labor, equipment and materials necessary to perform the services described herein and agrees to comply with the terms and conditions identified below which are made a part hereof by this reference (Outline in exact detail what is to be done, where it is to be done and include work specifications, if applicable.) ADDITIONAL PAGES ATTACHED

EXHIBITS (Items checked in this box are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto)

GTC*SF _____ GIA* _____ *If not attached, view at www.dgs.ca.gov/contracts/.
 Other Exhibits (List) _____

In Witness Whereof, this agreement has been executed by the parties identified below:

STATE OF CALIFORNIA		CONTRACTOR	
AGENCY NAME		CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)	
BY (AUTHORIZED SIGNATURE)	DATE SIGNED	BY (AUTHORIZED SIGNATURE)	DATE SIGNED
PRINTED NAME AND TITLE OF PERSON SIGNING		PRINTED NAME AND TITLE OF PERSON SIGNING	TITLE
ADDRESS		ADDRESS	

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	OBJECT CODE
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I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.

SIGNATURE OF ACCOUNTING OFFICER DATE SIGNED