



Merrimac
Contract #: ____ - ____

TOWN OF MERRIMAC CONTRACT DATA SHEET

(ACCOUNTING ONLY)

Please complete applicable sections below and submit form with contract to accountant for account balance review. Form and contract will be returned to departments for direct submission to Board of Selectmen.

- 1. DATE: _____
- 2. DEPARTMENT: _____
- 3. PROJECT: _____
- 4. PROJECT TERM: _____
- 5. VENDOR NUMBER: _____ POINT OF CONTACT: _____
(IF KNOWN)

COMPANY: _____
 ADDRESS: _____
 TELEPHONE: _____ EMAIL: _____

- 6. INDICATE FOLLOWING WHERE APPLICABLE:
 STATE CONTRACT#: _____
 COLLECTIVE PURCHASING PROGRAM'S NAME & CONTRACT#: _____

 (e.g. NASPO-Value Point, GBPC, etc.)

- 7. VENDOR CONTRACT #: _____
(IF KNOWN)

- 8. FUNDING SOURCE(S):

 DESCRIPTION _____
 ACCT# _____ \$ _____
 AVAILABLE BALANCE

 DESCRIPTION _____
 ACCT# _____ \$ _____
 AVAILABLE BALANCE

9. TOTAL CONTRACT AMOUNT: \$ _____

NOTES:

BOARD OF
SELECTMEN: _____

MANAGER: _____
ACCOUNTANT: _____