

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
Governing Board Transmittal**

() MC College Contact Person _____ Date Submitted ____

(√) OC Name of Company/Institution Oxnard College _____

() VC Exact Name/Title of Articulation _____

Proposed Date Board Approval _____ Due Date to District _____

Proposed Starting Date _____ Proposed Ending Date _____ Amount _____

Purpose of Contract _____

() Credit () Non-Credit () Not for Credit () Non-Instructional

Personnel: Number FTE Academic ____ Existing ____ New ____ Position(s) _____

Number Classified New Part Time ____ Existing Full Time ____ Position(s) _____

General Information Transmittal and/or Information for Governing Board Filimsy. Must include the following information: (1) name of agency, 2) amount of contract, 3) purpose of contract, 4) location of contract, 5) dates of contract, 6) budget, 7) staffing needs. **FOLLOW SAMPLE LISTED BELOW EXACTLY:**

SUBMITTED BY: _____ DATE: _____

College Signatures Required:

Executive Vice President _____ Date _____

Vice President College Services _____ Date _____

College President _____ Date _____

THE FOLLOWING MUST BE ATTACHED: Application/Contract, Award Letter/Purchase Order and Budget Input Sheets

Source of Income: 8100 Federal \$ _____ 8600 State \$ _____ 8800 Local \$ _____ TOTAL: \$ _____

Account Expenditure Summary			Account Expenditures Summary		
1000	Academic Salaries	\$ _____	5100	Personal Service	\$ _____
2000	Classified Salaries	\$ _____	5200	Travel & Conference	\$ _____
3000	Employee Benefits	\$ _____	5600	Rents & Leases	\$ _____
4000	Supplies & Materials	\$ _____	5800	Other Expenses and Services	\$ _____
			5900	Indirect	\$ _____
				-	
			5000	TOTAL 5000 EXPENSES	\$ _____
			6000	Capital Outlay	\$ _____
			7000	Appr. for Contingencies	\$ _____
				TOTAL: \$ _____	

(THIS SIDE FOR DISTRICT OFFICE USE ONLY)

AGENCY/CONTRACTOR_____

PROGRAM TITLE_____

CONTRACT DATES_____

AGENCY/GRANT NUMBER_____

DATE RECEIVED_____

A. Instructional Services

() GIT only () Board Approval needed (more than \$5,000) with the following documents attached:

() Application/Contract

() Award letter/Purchase order

() Budget input sheets

() Reviewed by Fiscal Services _____

Initials

Date

Approval

Initials/Date

Vice Chancellor, Instruction _____

Cabinet _____

Governing Board Approval _____

To: Administrative Services _____

NOTES:

Add to flimsy: It is recommended that the Board adopt Resolution_____displayed in Exhibit A, in order that the restricted revenues and expenditures in the amount of \$_____ associated with the program be included in the current fiscal year Restricted General Fund Budget.

B. Administrative Services
Program Number_____

Date Received:_____

Date Data Entry:_____

C. Administrative Services:

Date Received:_____

1. Obtain Signatures as required:

a. Chancellor

Date_____

b. Vice Chancellor, Admin. Services

Date_____

c. Other_____

Date_____

2. Forward Copies:

a. Contracting Agency_____

Date_____

Agency Contact Person_____

Date_____

b. College Contact Person_____

Date_____

c. College Administrative Services Office_____

Date_____

d. Other_____

Date_____