**Contract Approval**

**Date:**

**Business Specialist:**

**Client/Vendor name:**

**Purpose of Contract**

**[ ]  Provide custom training** **[ ]  Partnership arrangement**

**[ ]  Other – specify:**

**Comments:**

**Benefit to Palm Beach State College (revenue - explain)**

**Benefit:**

**Brief description of the training activity:**

**Please provide a revenue analysis for the contract, using the attached form.**

**Special Concerns if applicable:**

**Deposit funds to:**

**11500000-60001-10-40240 CCE Trades & Cosmetology $**

**11500000-60002-20-40240 CCE Leadership/HLTH & Wellness $**

**11500000-60003-30-40240 CCE Rural Programming $**

**11500000-60004-10-40240 CCE Health & Public Safety $**

**11500000-60005-50-40240 CCE Business Development $**

**11500000-60006-50-40240 CCE Gov Relations / Ethics $**

**11500000-60008-50-40240 CCE Computers & Languages $**

**11500000-60009-50-40240 CCE Teacher Education $**

**Approved/Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Program Director* *Date***

**Please attach this form, pricing analysis and the contract when forwarding to Beryl Mancuso Mail Station #24.**