

LEGAL SERVICES CONTRACT COVER SHEET/ROUTING SLIP

CFMS #

Agency File #

Agency #

Agency Name

Contractor

Maximum contract amount: \$

Start date

End date

Prior contract with same contractor yes

CFMS #

no

Attorney Name/Category (years of experience)
(describe payment terms in detail if other than hourly rate)

Billing Rate

\$ per hour

Other allowable billable expenses (list):

Description of Services (include case name if applicable):

Billing guidelines/PPM 50 attached

Attorney General approval

Commissioner of Administration approval