

Contracts Awards Information for Fiscal Year ____

Insert Name of Entity							FISCAL YEAR 20 ____							
Item No.	Package Code	Package Description	Source of Fund	Proc Method	Plan Type	Contract Type	Estimated Contract Value	Actual Contract Value*	Contractor/Supplier/Service Provider	Business Legal Owner	Business Beneficial Owner	Business Telephone Number (s)	Contract Start Date	Contract End Date
1														
2														
3														
4														
5														
6														
7														

Signed: _____
Director, Procurement

Approved: _____
Head of Entity