

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Office of the Chief Financial Officer

Office of Tax and Revenue



CONTRACT CLEARANCE COVERSHEET

Date

**TO:
PHONE NO:
FAX NO:
E-MAIL ADDRESS:**

IMMEDIATE CONTACT INFORMATION:

**CONTRACT SPECIALIST:
AGENCY:
TELEPHONE NUMBER:
FAX NUMBER:
E-MAIL ADDRESS:**

PRIMARY BUSINESS CONTACT INFORMATION:

**AUTHORIZED AGENT
BUSINESS NAME:
FEIN/SSN:
TELEPHONE NUMBER:
FAX NUMBER:
E-MAIL ADDRESS:**

PROVIDE THE FOLLOWING INFORMATION:

**Contract/PO/
Req. No.**

**Contract
Expiration Date**

**Amount of
Contract**

Please be sure to remind the vendor/taxpayer to prepare each document in its entirety.