

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.