

COMPTROLLER'S OFFICE
CONTRACT REGISTRATION COVER SHEET

DATE: _____

SUBMITTING AGENCY CODE: _____

CONTRACT NUMBER: _____ MOD NUMBER EXT (5 digits) _____

OCA NUMBER: _____ VENDOR No. (10digits) ____/____/____/____/____/____/____/____/____/____/

AGENCY CONTACT PERSON: _____

ADDRESS: _____ TELEPHONE: _____ FAX: _____

Please indicate your reason for submitting the attached documents by filling out the form below:

A. NEW SUBMISSION: (check off only one Box each for FMS Contract Code and Contract Class)

FMS/3 CONTRACT CODE			FMS/3 CONTRACT CLASS		
	CT1	GENERAL CONTRACT		G	EXPENSE
	RCT1	REVENUE CONTRACT		C	CAPITAL
	CTR	CONTRACT REVISION (INCREASES/DECREASES/ENCUMBRANCES AND DATA CHANGES)		X	MIXED/SPLIT FUNDING
	MA1	MASTER AGREEMENT		V	REVENUE
	MAR	MASTER AGREEMENT REVISION (INCREASES/DECREASE AND DATA CHANGES)		RN	MASTER AGREEMENTS
	MMA1	MULTIPLE AWARD MASTER AGREEMENT		RG	REQUIREMENTS EXPENSE
	CTA1	MULTIPLE AWARD CONTRACT		RC	REQUIREMENTS CAPITAL
				RB	REQUIREMENTS MIXED FUNDS

B. IS THIS A SUBMISSION OF A CONTRACT PACKAGE WHICH HAS BEEN PREVIOUSLY REJECTED OR WITHDRAWN? YES _____ NO _____

OR:

C. ADDITIONAL ITEM FOR A CONTRACT PACKAGE STILL UNDER REVIEW BY THE COMPTROLLER (CIF fax # (212) 815-8780).

Was item requested by Comptroller staff? YES _____ NO _____

If yes, indicate requestor's name: _____

OR:

D. _____ ADDITIONAL DOCUMENT(S) TO A REGISTERED CONTRACT FOR FILING PURPOSES ONLY. REGISTRATION IS NOT NECESSARY.

OR:

E. _____ DOCUMENT(S) SUPPORTING THE REGISTRATION OF MULTIPLE CONTRACTS.