

CONTRACT APPROVAL COVER SHEET

This form standardizes the contract process and is to be used as the cover sheet to ensure the complete review by appropriate departments.

Requesting Department: _____ Date Initiated: _____

Contact name: _____ Phone# _____

E-Mail: _____

Contract/Vendor Information: _____

Name: _____ Phone: _____

Contact: _____ E-Mail: _____

Financial Obligation: \$ _____ Contract Dates: Start: _____

End: _____

Contract Purpose: _____

Contract Type: _____

Has the University contracted with this vendor in the past or is a renewal or extension of a previously approved contract? Yes _____ No _____

If YES, attach a copy of the relevant agreement.

Dean, VP or Department Chair and Fiscal Officer Approval :

I certify that I have read and understand the terms of this draft agreement and have appropriate authority to submit this draft agreement on behalf of my department. I further certify that the draft agreement is complete and includes all exhibits, attachments and pages.

Dean, VP or Department Chair

Fiscal Officer

Signed: _____

Name: _____

Title: _____

Contracting Department use only:

Administrative Review by

Approval

Date

Risk Management

General Counsel

Export Control

Controllers

Information Technology
