

CONTRACT / AGREEMENT ROUTING FORM

Requesting Department

| | | | |
|-----------------------|--|---------|--|
| Department Name | | | |
| Contact Person's Name | | | |
| Phone | | Fax: | |
| Campus Box No. | | E-mail: | |

Contractor Information

| | | | |
|-----------------------------|--|--------------------------|------|
| Contractor Name | | | |
| Is Contractor a US Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete Foreign National Data Form before processing agreement.) | | |
| Contact Person | | | |
| Address | | | |
| Phone | | Fax: | |
| City | | State: | Zip: |
| E-mail | | Federal ID (if company): | |

Contract / Agreement Description

| | | | |
|---|--|---|--------|
| Type of Contract / Agreement | <input type="checkbox"/> Expenditure Contract <input type="checkbox"/> Revenue Contract <input type="checkbox"/> No Cost Contract | | |
| Purpose of Contract (brief description of goods/ services) | | | |
| Type of Contract (Check all that apply) | <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Clinical Affiliation | |
| | <input type="checkbox"/> Dual Services | <input type="checkbox"/> Non-Credit Instruction | |
| | <input type="checkbox"/> Use of Facilities | <input type="checkbox"/> License/Maintenance Agreement | |
| | <input type="checkbox"/> Vendor-Generated Contract | <input type="checkbox"/> Other: Specify with attachment. | |
| Term of Contract | From _____ to _____ with _____ renewals | | |
| Contract Amount | \$ _____ (including renewals) | Acct. Index Code for expenditure / revenue _____ Federal Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is non-competitive procurement requested? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Non-Competitive Procurement Justification Form must be completed and attached if total amount of contract (including possible renewals, is >= \$5,000.) | | |
| Person designated to monitor contract (required) | Name: | Phone: | Email: |
| Frequency of Contract Monitoring | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> As applicable | | |

Contract Routing and Approvals

I certify that I have read the attached contract/agreement and that the requesting department will comply with all its requirements. I recognize that while the Office of Business Services and/or TBR Legal Counsel may analyze the contract from a legal or policy perspective, it is the requesting department's responsibility to ensure that the specifications are sufficient and/or practical for departmental needs and to monitor compliance, expiration and payment.

| | | |
|---|--|------------|
| Principal Investigator (if grant funded) | | Date _____ |
| Requesting Department Chair / Director | | Date _____ |
| Dean/Administrative Officer | | Date _____ |
| Assoc VP/Research (if sub-contract to Grant) | | Date _____ |