

# CONTRACT / AGREEMENT ROUTING FORM

## Requesting Department

Department Name			
Contact Person's Name			
E-mail			
Phone		Fax:	
Building / Room #		Campus Box #:	

## Contractor Information

Contractor Name			
Federal ID (if company)			
Contact Person			
Address			
Phone			
City		State:	Zip:
E-mail		Fax:	

## Contract / Agreement Description

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