

TENNESSEE TECHNOLOGICAL UNIVERSITY

SERVICES CONTRACT MONITORING FORM

Contract Monitor: _____

(Monitor is responsible for this plan and initiating amendments and/or renewals to contract)

1. CONTRACTOR/VENDOR:
2. CONTRACT NUMBER: 3. CONTRACT TERM:

4. DESCRIPTION OF CONTRACT:

5. PAYMENT FREQUENCY:

6. AMENDMENTS – Yes No Number Date:
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7. BUDGET REVISIONS – Yes No Number Date:
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8. DELIVERABLES REPORTING

8A. GOODS (backup documentation attached):

Description	Date Received
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

8B. SERVICES REPORTING (backup documentation attached):

Description	Date Received
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

9. ACTION SUMMARY

Indicate activities with Contractor/Grantee (minimum of quarterly). Document and date any activities, accomplishments, and barriers to program management. If activities performed are outside of Scope of Services, note how applicable

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I, _____, certify that, to the best of my knowledge, the above is an accurate account of the goods/services/activities in regards to this contract.

Signature of Monitor

Date