

Contractor/Vendor Information			
Vendor Name			
Contact Person		Phone	
Street Address		Fax	
City, State, Zip Code		Email	

Requesting Department Information			
Department Name			
Requestor Name			
Phone		Email	
Primary Worktags		Capital Purchase?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Budget Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no budget, explain	

Contract Information						
Purpose of Contract						
Term/Status of Contract	Start		End		Amount	\$
	<input type="checkbox"/> New		<input type="checkbox"/> Renewal		<input type="checkbox"/> Amendment or Modification	
If >\$10,000, RFP requirement fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not?			

Type of Contract (check all that apply)			
<input type="checkbox"/> Athletic	<input type="checkbox"/> Hotel/Lodging	<input type="checkbox"/> Consultant/ IC	<input type="checkbox"/> Construction/Design
<input type="checkbox"/> Equipment	<input type="checkbox"/> Facilities Use	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Property Lease or Purchase
<input type="checkbox"/> Services	<input type="checkbox"/> Software/IT	<input type="checkbox"/> Speaker/Performer	<input type="checkbox"/> Other (specify)

Reason for Legal/Finance/Risk Review (check all that apply)		
<input type="checkbox"/> EC template with changes	<input type="checkbox"/> Multi-year agreement	<input type="checkbox"/> Contract amount >VP authority
<input type="checkbox"/> Insurance/risk management issue	<input type="checkbox"/> Indemnification or intellectual property concern	<input type="checkbox"/> Vendor contract that does not meet standard EC contract provisions
<input type="checkbox"/> New Personal information protection issue	<input type="checkbox"/> Other (specify)	

Preliminary Approvals			
<i>I certify that I have read the attached contract/agreement and I am satisfied with its description of goods and services and of the College's obligations. This contract is appropriate and necessary to the department's mission and priorities. I have read and understand the College's Conflict of Interest Policy and no conflict exists.</i>			
(Provide all necessary)	Print Name	Sign Name	Date
Dept. Requestor/Head			
Dean/Director			
Assoc./Asst. Vice President			
Vice President or Designee			

Legal, Risk and Finance Review (secure signatures in this order)			
	Print Name	Sign Name	Date
Director of Risk Management			
Office of General Counsel			
VP of Administration and Finance			