

**UIS Contract Approval/Routing Form (CARF)**


All fields in Sections 1 through 3 are required.

**Section 1 - Contract**Contract Category:  Payable  No Funds  Receivable  New Contract  Amendment # \_\_\_\_\_Contract Type: \_\_\_\_\_ 

Contract Sub Type: \_\_\_\_\_

Brief Description: \_\_\_\_\_

Chart: \_\_ Org: \_\_\_\_ Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

# of Renewals: \_\_ Health Care Related?  No  YesDocument Source:  Custom  Other Party  Template No Changes  Template with Changes **Section 2 - Contracting Party**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip**Section 3 - Unit Information**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip**Section 4 - Preliminary Approvals**

The signatures below indicate approval of the contract at the amount specified.

Unit Head: \_\_\_\_\_  
Required Printed Name Signature DateDean/Director: \_\_\_\_\_  
\$25,000 or More Printed Name Signature DateVP/Chanc./V. Chanc.: \_\_\_\_\_  
\$50,000 or More Printed Name Signature Date**Section 5 - Final Approvals**University Comptroller: \_\_\_\_\_  
Route to: \_\_\_\_\_ Printed Name Signature Date  
UIS Building Servs Bldg, Rm 57University Counsel: \_\_\_\_\_  
Printed Name Signature Date*University Counsel review is required for payable contracts of \$250,000 or more, all contracts requiring BOT approval, all settlements of claims or disputes, all contracts for legal services, all contracts where student data will be shared with outside entities, and all employment contracts.***OBFS Use Only**Contract Records Office: \_\_\_\_\_  
107 Coble Hall Printed Name Signature DateContract #: \_\_\_\_\_ Subcontractor Included?  No  Yes

BOT Approval Date: \_\_\_\_\_ PPB Approval Date: \_\_\_\_\_

Contact Name/Phone: \_\_\_\_\_ Procurement Method: \_\_\_\_\_

Bulletin Procurement Number: \_\_\_\_\_

**Special Notes:**