

All fields in Sections 1 through 3 are required. Attach 1 signed contract for final execution.

## 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  Yes

Document 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 Date

Unit head approval may NOT be delegated. However, the signature of the next higher level administrator negates the need for approval(s) at a lower level. For UA units, this is the director responsible for the performance of the contract.

Dean/Director: \_\_\_\_\_  
\$50,000 or More Printed Name Signature Date

Dean/director approval may be delegated. The unit must maintain documentation of such delegation. The signature of the next higher level administrator negates the need for approval(s) at a lower level. For UA units, this is the executive director or next higher level of approval.

VP/Chanc./V. Chanc.: \_\_\_\_\_  
\$150,000 or More Printed Name Signature Date

For UA units, this is the Assistant Vice President or next higher level of approval.

## Section 5 - Final Approvals

University Comptroller: \_\_\_\_\_ University Counsel: \_\_\_\_\_  
Printed Name Printed Name

*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

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

Contract #: \_\_\_\_\_ BOT Approval Date: \_\_\_\_\_ PPB Approval Date: \_\_\_\_\_

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