Contract Routing Form

I. Contract Information

Description _____

       Contract Initiator: _____   Date Submitted: _____

       Department: _____   Funding Account: _____

       Depart Admin: _____   ePro Req/PO #: _____

       Supplier: _____   Amount: $_____

       Term: _____

Type of Contract

Initial Contract	Renewal	Amendment	One-Time Event
Fed Grant Funded	System Office	System Wide	State Wide

Background Checks Specify what area the supplier will have regular interaction with.

      **By signing below, the Dept./Budget Manager confirms the Background Checks information is accurate.

	YES	NO		YES	NO
Students			Monies		
Employees			Sensitive/Confidential Data		
Minors			Facilities		

If Background Checks aren't required, provide explanation _____

II. Approval Signatures

         _____ Date: _____