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: _____