## Tennessee State University CONTRACT ROUTING AND APPROVAL FORM

(All sections must be completed.)

REQUESTING DEPARTMENT										
Department Name					En	nail				
Contract Agent						Tel				
CONTRACTOR INFORMATION  Check box if foreign entity										
Contractor Name						nail				
Contact Person						Tel				
CONTRACT DESCRIPTION/INFORMATION										
Type of Contract	□ Professional Services Agreement □ Amendment or Rene									
	•	<b>.</b>					License or Subscription			
		, 5				/ MOA				
						Performance or Athletic Agreement				
	Clinical Affilia	ation Agr	eement		□ Othe	I Other:				
Purpose of Contract (Description)										
Term of Contract	Start Date				End Da	nte				
Budget/Financial Approval	Has the contract amount been approved by the Business and Finance department as being within budget?If no, obtain approval from Business and Finance before proceeding.□ Yes□ No									
Contract Amount	\$	Accou	nt No.		Purchase Reg. No.					
Procurement Checklist		<ul> <li>(2) If <b>yes</b>, a bid is required. Was vendor chosen after RPF or another competitive process?</li> <li>□ Yes</li> <li>□ No</li> </ul>			. Was or	(3) If <b>no</b> , submit Non- Competitive Contract Request to Procurement.				
	<ul> <li>Provide Procurement with:</li> <li>IRS W-9 Form</li> <li>Minority Ethnicity Form</li> <li>Proof of RFP or Non-Competitive Contract Request submission (if over \$10,000)</li> </ul>									
Legal Review	<ul> <li>*TO BE FILLED OUT BY THE OFFICE OF THE GENERAL COUNSEL*</li> <li>Has this contract been reviewed for legal sufficiency?</li> <li>Yes</li> <li>No</li> </ul>									

## **CONTRACT CERTIFICATION & APPROVALS**

I certify that I have read the attached contract, and that the requesting department will comply with all of its requirements. I recognize that while the Procurement Office and the Office of the General Counsel may review the contract from a legal or policy perspective, it is the requesting department's responsibility to ensure the specifications are sufficient and/or practical for departmental needs and to monitor the contract for compliance, payment, and expiration.

## I FURTHER CERTIFY THAT I HAVE OBTAINED ALL REQUIRED APPROVALS TO SUBMIT THIS CONTRACT FOR REVIEW, INCLUDING SECURING APPROPRIATE FUNDING FOR THE CONTRACT AMOUNT.

	PRINT NAME	SIGNATURE		
Contract Agent			Date	
Department Head			Date	
Dean/Director			Date	
Assoc./Asst. Vice				
President (if applicable)			Date	
Vice President			Date	