

Tennessee State University CONTRACT ROUTING AND APPROVAL FORM

(All spaces must be completed.)

CONTRACTOR/COMPANY INFORMATION			
Contractor Name		Email	
Contact Person		Tel	_____
Address		Fax	
City, State, Zip			

REQUESTING DEPARTMENT			
Department Name		Telephone #	
Contract Agent		Tel	
Email		Fax	

CONTRACT DESCRIPTION/INFORMATION				
Purpose of Contract (brief description)				
Term of Contract	Start Date		End Date	
Contract Amount		Account No.		Purchase Req. No.
Contract Monitor		Tel		Email
Type of Funding	<input type="checkbox"/> General Funds <input type="checkbox"/> Grant Funds/Federal <input type="checkbox"/> Grant Funds/State <input type="checkbox"/> Restricted Funds <input type="checkbox"/> Revenue Generating <input type="checkbox"/> Title III <input type="checkbox"/> Other: In kind/Paid Internship			

Type of Contract (Check all that apply)	<input type="checkbox"/> Contract for Workshop/Seminar	<input type="checkbox"/> Non-Standard (Vendor-Generated)
	<input type="checkbox"/> Amendment/Renewal	<input type="checkbox"/> Dual Services
	<input type="checkbox"/> Personal/Professional/Consultant	<input type="checkbox"/> License/Renewal
	<input type="checkbox"/> Use of Campus Facility	<input type="checkbox"/> Service Maintenance
	<input type="checkbox"/> Clinical Affiliation	<input type="checkbox"/> MOU/MOA

Attachment Checklist (Check all that are attached)	<input type="checkbox"/> Purchase Requisition (if required)	<input type="checkbox"/> Justification for Non-Competitive Purchase (\$10,000 & Up)
	<input type="checkbox"/> Original contract (for Amendments)	<input type="checkbox"/> Letter to Justify Late Submission
	<input type="checkbox"/> IRS W-9 Form (required)	<input type="checkbox"/> TBR Contract Routing/Summary Forms
	<input type="checkbox"/> Minority Ethnicity Form (required)	<input type="checkbox"/> State Drivers License (required)

CONTRACT CERTIFICATION & APPROVALS				
I certify that I have read the attached contract/agreement and that the requesting department will comply with all its requirements. I recognize that while the Office of Procurement and Business Services or the Office of the University 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.				
PRINT NAME		SIGNATURE		
Department Contact Person/Initiator			Date	
Department Head/Associate Dean			Date	
Dean/Director			Date	
Assoc./Asst. Vice President (If applicable)			Date	
Vice President			Date	