## Appendix I

## **Contract Routing Form**

l.	Contract Information  Description:					
	Contract Initiator:			Date Submitted	d:	
	Department:			Funding Accou	nt:	
	Depart. Admin:			ePro Req/PO #	:	
	Supplier:			Amount:	\$	
	Term:			_		
	Type of Contract:					
	Initial Contract Fed Grant Funded	Renewal System Office		Amendment System Wide	One-Time Event State Wide	
	Background Checks: Specify what area the supplier will have <u>regular</u> interaction with.  **By signing below, the Dept./Budget Manager confirms the Background Checks information is accurate.					
		YES	NO		YES	NO
	Students Employees Minors			Monies Sensitive/Confidential D Facilities	ata	
	If Background Checks aren't required, provide explanation:					
II.	Approval Signatures					
	**Dept./Budget Manag	ger:		Date:_		
	Procurement:			Date:_		
	Legal:			Date:_		
	Chief Business Officer:			Date:_		
	President:			Date:_		
	PROCUREMENT USE ONLY					
III.	Routing Checklist					
	Approved & valid purchase requisition SWC/SPD Posting (required for purchases \$25,000 & greater) #					
IV.	Notes					