|  |  |  |  |
| --- | --- | --- | --- |
| Appended To: | Policy Owner | Policy Contact | Date Revised: |
| Contract Signatory Authority Policy for the Procurement of Goods and Services | General Counsel and Secretary of the Corporation | Controller | May 5, 2020 |
|  |  |  | Effective Date:  |
|  |  |  | August 26, 2020 |

*This form standardizes the contract process and is to be used as the cover sheet to ensure the complete review by appropriate departments for contracts with a value\* greater than $150,000. \* See Appendix A*

|  |  |
| --- | --- |
|  |  |
| Contract Purpose: |  |
|  |  |  |  |
| Requesting Department: |  | Date Initiated: |  |
|  |  |  |  |  |  |
| Contact Name: |  | Phone Number: |  | Email: |  |
|  |  |
|  |  |
| Vendor Name: |  |
|  |  |  |  |  |  |
| Contact Name: |  | Phone Number: |  | Email: |  |
|  |  |  |  |  |  |
| Financial Obligation\*: |  | Start Date: |  | End Date: |  |
| Has the University contracted with this vendor in the past or is this a renewal or extension of a previously approved contact? \*\* | * YES
 | * NO
 |
| \*\*If YES, attach a copy of the relevant agreement |
|  |
| Administrative Review | Approved by: (N/A if not applicable) | Date |
|  | Procurement: |  |  |
|  | Risk Management: |  |  |
|  | Information Technology: |  |  |
|  | Information Security Officer |  |  |
|  | General Counsel: |  |  |
|  | Other: |  |  |
|  |  |  |  |

Authorized Signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_