

CONTRACT REVIEW FORM

Please fill out COMPLETELY or form may be returned – FOR INTERNAL USE ONLY

Contact Name: _____ Dept. Name/Phone _____

Contract Title: _____ Review Needed by date*: _____

(at least two weeks from today's date/do not put ASAP)

Person in charge of contract oversight and/or implementation _____

Name & title of individual to sign contract _____

Contract Type:

- General
- Affiliation Agreement _____
- Application (Department Chair Initial)
- Statement of Work – include Master Service Agreement
- Quote/Proposal
- Policy/Procedure/Manual
- Other

Total Cost*? \$ _____ (yearly)

VP of Division approval IF over \$10,000

signature _____ or

see attached email

Cost already in your department budget? Yes _____ No _____

Does the contract involve any type of computer hardware, software, computer programming or SLU's website?

Yes _____ No _____

If yes, contract must be reviewed by U.T. before sending it to Legal.

U.T. Initial _____ or attach email from U.T.

Contract description/purpose (be concise): _____

Certificate of Insurance _____ still needed _____ previously obtained

*****For Business Affairs/Legal Use Only*****

Contract received: _____

Outside legal review recommended: Yes _____ No _____

Comments/Required Revisions: _____

Review complete: _____

***PLEASE ATTACH THE COMPLETE CONTRACT AND ALL EXHIBITS**

Include any referenced or incorporated attachments/exhibits/related documents.

*Required for review

Updated June 2016