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**CONTRACT ROUTING FORM**

This form should accompany ALL Contracts/MOUs submitted for review and signing. Please allow up to 20 business days for review and to obtain the appropriate authorizing signature(s).

* We require a notarized Contractor’s Affidavit for every contract for service or labor at or over $2500.  This affidavit states the supplier is in compliance with the federal work authorization program commonly known as
E-Verify.  Exemptions may be requested.
* We require a Certificate of Insurance for all service contracts at or over $2500.

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| **Section 1. REQUESTING DEPARTMENT/DIVISION*\*\*\*List the individuals who should be notified upon completion of contract review. \*\*\**** |
| Requesting Employee:       | Ext:       | Dept:       | Division:       |
| Additional Contact Person:       | Ext:       | Dept:       | Division:       |

**Purpose of Contract (check all that apply):**

[ ] Clinical Training/MOU [ ] Lease/Rental [ ] Construction [ ] Conference Space

[ ] Speaker/Performer [ ] Endowed Gift/Trust [ ] Real Estate [ ] Athletics/Recreation [ ] Equipment/Software
[ ] Staffing/Consultant [ ] Services [ ] Other

**Contractor/Vendor Name**:

**Description of Service:**

|  |  |  |
| --- | --- | --- |
| **Start Date of Service:**  | **End Date of Service:** | **Multi-Year?** **[ ] Y** **[ ] N:** |
| **Amt. Pd BY FVSU:$**  | **Amt. Pd TO FVSU: $** | **Vendor ID#:**  |
| **Budget Acct#:**  |  |  |

**Section 2. CONTRACT CHECKLIST**
**\*\*\*Must be completed by Requesting Department/Division\*\*\*
\*\*\*Failure to completed, will delay contract process. \*\*\***

[ ]  The Requesting Department has read the contract and all attachments.
[ ]  All documents that are referenced are attached.
[ ]  The University can perform all of the duties under the contract.
[ ]  In accordance with BOR and FVSU’s Conflict of Interest policy, a [Conflict of Interest](http://www.fvsu.edu/wp-content/uploads/2016/06/FVSU-Conflicts-Policy-eff12022016.pdf) does not exist between this Contract and the University.

[ ]  **If applicable,** IT has authorized that software is compatible – **attach email confirmation.**

[ ]  I certify that this is an appropriate expense to the fund source(s) identified and funds are available to cover the payment.

[ ]  **If applicable,** Facilities Management approval for contracts involving building maintenance/operations – **attach email confirmation.**

***As the responsible AUTHORIZED SIGNATORY for the Contract’s requesting department, I certify that I am satisfied with the business terms and the description of goods, services, payment amounts, and terms to be provided to or from the University and I do recommend this agreement.***

|  |  |
| --- | --- |
| **Requesting Employee Signature:**  | **Date:**  |
| **Dept. Head Signature:**  |  **Dept. Head Printed Name:**  | **Date:**  |

**Section 3. CONTRACT REVIEWED BY:

\*\*\*Please route to the next individual on the routing form. VPBF will complete upon receiving a signed contract from the vendor. \*\*\***An electronic signature **only is acceptable** for the Contract Routing Form and not for the original contract.

|  |  |  |
| --- | --- | --- |
| **Next level Approval (Chair/Dean/VP):**  | **Signature:** | **Date:** |
| **Compliance/Legal:**  | **Signature:** | **Date:** |
| **Procurement, if applicable:**  | **Signature:** | **Date:** |
| **Title III/Sponsored Projects, if applicable:**  | **Signature:** | **Date:** |
| **VP Business & Finance:**  | **Signature:** | **Date:** |

**\*\*\*Please affix this completed form to the signed agreement for record keeping purposes and submit this form along with the contract to** **contracts@fvsu.edu** **for processing. \*\*\***