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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**](mailto:contracts@fvsu.edu) **for processing. \*\*\***