- Check for ITS related contractsCheck for no amountCheck for multiple signature pages
- __ Check if multi-year contract



CONTRACT REVIEW FORM

Title of Contract:		
Origin	nating Department:	
Amou	int of Contract: \$ Banner Org. Number:	
1.	The attached contract is recommended for approval.	
	Contract Administrator	Date:
	Department Head	Date:
2.	RecommendApprovalDisapproval	
	Area Executive Cabinet Member	Date:
3.	RecommendApprovalDisapproval	
	Director of Sponsored Programs/Title III	Date:
4.	RecommendApprovalDisapproval	
	Director of Information Technology	Date:
5.	RecommendApprovalDisapproval	
	Director of Purchasing & Procurement	Date:
6.	RecommendApprovalDisapproval	
	VP for Business & Finance	Date:
7.	Reviewer Administrator(Office of the President)	Date:
	Attorney General's Office	
	Name of Attorney A	pproval Date:
	Comments:	
8.	University President	Date: