## Tennessee State University CONTRACT ROUTING AND APPROVAL FORM

(All sections must be completed.)

REQUESTING DEPARTMENT									
Department Name					E	mail			
Contract Agent						Tel			
CONTRACTOR INFORMATION ☐ Check box if foreign entity									
Contractor Name	Em								
Contact Person						Tel			
CONTRACT DESCRIPTION/INFORMATION									
Type of Contract	☐ Professional Services Agreement ☐ Amendment or Renewal								
71	☐ Letter of Agr		☐ License or Subscription						
	☐ Facility Use Agreement				□ MOU / MOA				
	☐ Subaward-Subrecipient Agreement				☐ Performance or Athletic Agreement				
	☐ Clinical Affilia		☐ Other:						
Purpose of Contract (Description)									
Term of Contract	Start Date				End I	Date			
Budget/Financial	Has the contract amount been approved by the Business and If <b>no</b> , obtain a							otain approval	
Approval	Finance department as being within budget? from Business and								
	□ Yes							Finance	
	110							proceed	ng.
Contract Amount	\$	Accou	ınt No.			_	ırchase		
Duo avusamant	(1) To the country	t	(2) 16				eq. No.	: al alisa as sassa	d2
Procurement Checklist									
CHECKIISC	☐ Yes ☐ Bid ☐ Request For Proposal								
	□ No □ Justification for Non-Competitive Purchase/Sole Source							Source	
	(form must be submitted with contract)								
	Provide Procurement with:								
	☐ IRS W-9 Form								
	☐ Minority Ethnicity Form								
	☐ Proof of RFP or Justification for Non-Competitive Purchase (if over \$10,000)								
Legal Review	*TO BE FILLED OUT BY THE OFFICE OF THE GENERAL COUNSEL*								
	Has this contract been reviewed for legal sufficiency?  ☐ Yes								
CONTRACT CERTIFICATION & APPROVALS									
I certify that I have read the attached contract, and that the requesting department will comply with all of its requirements. I recognize									
that while the Procurement Office and the Office of the General Counsel may review the contract from a legal or policy perspective, it is the requesting department's responsibility to ensure the specifications are sufficient and/or practical for departmental needs and to									
monitor the contract for compliance, payment, and expiration.									
I FURTHER CERTIES THAT I HAVE ORTAINED ALL REQUIRED ARREQUALS TO SURVEY THIS CONTRACT TO SECURITION									
I FURTHER CERTIFY THAT I HAVE OBTAINED ALL REQUIRED APPROVALS TO SUBMIT THIS CONTRACT FOR REVIEW, INCLUDING SECURING APPROPRIATE FUNDING FOR THE CONTRACT AMOUNT.									
	PRINT	NAME			SIGNA	TURE			
Combine at Amount								Data	
Contract Agent								Date	
Department Head								Date	
Dean/Director								Date	
Assoc./Asst. Vice									
President (if applicable)								Date	
Vice President (required)								Date	