



Columbus State University

Contract Approval and Routing Form

PLEASE ATTACH TWO (2) COPIES OF CONTRACT / ALL MARKUPS TO BE MADE ON ONLY ONE CONTRACT

GENERAL INFORMATION

<i>Department Requesting Contract Authorization</i>	<i>Primary Contact Person/Initiator</i>	<i>CSU Telephone/Email</i>
<i>Contract Title</i>	<i>Contract Purpose</i>	
<i>Party To Contract with CSU (Name of Business/Individual)</i>	<i>Contract Term (Start/End Dates)</i>	<i>Total Contract Dollar Amount</i>
<i>Description of Good Services to be Procured</i>		<i>Funding Source (CSU or Foundation)¹</i>

CERTIFICATION

By signing below, employees of the department requesting contract approval certify that this contract/agreement is appropriate and necessary to the department's mission and priorities and that the department can furnish the services, materials, and funds designated in the contract/agreement.

REQUIRED SIGNATURES

All contracts and agreements involving Columbus State University as a provider or receiver of services or products must be approved (as indicated by signature on this form) by the following University representatives in the order listed below. Contracts and agreements without the appropriate signature(s) will not be considered valid, and shall not be honored by the University.

Based on the terms and nature of the contract, the individual / Department requesting contract approval is responsible for ensuring the contract is reviewed by all appropriate signatories by checking the relevant boxes below.

	SIGNATURE	TITLE	DATE
Department Head / Chair / Director (required)	_____	_____	_____
Dean / Ass't Vice-President / Vice-President (required)	_____	_____	_____
<input type="checkbox"/> Sponsored Programs (for grants and sponsored programs)	_____	_____	_____
<input type="checkbox"/> Information Technology (for software and IT contracts)	_____	_____	_____
<input type="checkbox"/> Foundation (for contracts funded by CSU Foundations)	_____	_____	_____
<input type="checkbox"/> Procurement (for the purchase of goods and services)	_____	_____	_____
<input type="checkbox"/> Provost and VP Academic Affairs (for contracts relating to academics)	_____	_____	_____
Risk Manager (required)	_____	_____	_____
Vice President for Business and Finance (required)	_____	_____	_____
General Counsel (required)	_____	_____	_____
President (Required if signature authority has not been delegated or for contracts exceeding \$_____,000.00)	_____	_____	_____

***Employees must review and comply with Columbus State University's Delegation of Contract Signing Authority. Allow a minimum of 20 calendar days for review by the Office of Legal Affairs.**

¹ If funded by Foundation, identify specific foundation.