

CONTRACT CHECKLIST



**INSTRUCTIONS:** A contract checklist form must be completed and attached to all Contracts along with Contract Addendums and submitted to the General Counsel, Harkins Hall, Room 410 at least three weeks prior to execution. *All contracts require the signature of either the President or Vice President for Finance & Business.*

**P.C. Employee Submitting Contract:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Brief Description of the purpose of the contract:** \_\_\_\_\_

\_\_\_\_\_

**Has all required institutional personnel (with the exception of the General Counsel) reviewed and approved the contract: Yes \_\_\_ No \_\_\_**

**Is this a New \_\_\_ or Renewed \_\_\_ Contract?**

**Was the need for this contract identified in your budget request: Yes \_\_\_ No \_\_\_**

**Terms of Contract: From: \_\_\_\_\_ To: \_\_\_\_\_**

**Total Cost/Value of Contract:** \_\_\_\_\_

**Party/Parties to Contract:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

**Addressed of Parties (other than P.C.):** \_\_\_\_\_

\_\_\_\_\_

**How many active contracts within the last five years has the department had with this party/these parties and the dates thereof:** \_\_\_\_\_

\_\_\_\_\_

**A Contact Person for other Party/Parties:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Was the Contract a Bid \_\_\_\_\_ or Negotiated \_\_\_\_\_ Contract.**

**Is there an indemnity clause in the contract: Yes \_\_\_ No \_\_\_ Number of Clause \_\_\_.**

**Brief description of the terms of the contract:** \_\_\_\_\_

\_\_\_\_\_

**FOR GENERAL COUNSEL USE ONLY:**

Date Received: _____	Date Returned to Department: _____
APPROVED _____	REJECTED _____
Rejected with Revisions: _____	
Date Resubmitted: _____	