

CONTRACT APPROVAL FORM

The purpose of this form is to document the need for contracted goods or services, the availability of funding, the approval of appropriate personnel, compliance with mandated procurement procedures, and compliance with Tennessee Board of Regents (TBR) contracting guidelines.

CONTRACT WITH _____ Date _____ to _____ AMOUNT: \$ _____ Revenue: _____
ORIG DEPARTMENT CONTACT NAME/PHONE/EMAIL _____
VENDOR CONTACT NAME/PHONE/E-MAIL _____
PURPOSE: _____

All contracts must have a requisition for payment purposes. Organization # _____ Account # _____

I. TYPE OF CONTRACT (check one)

- Goods or services required for normal operations and purchased under TBR purchasing/ bid procedures
- Goods or services required for normal operations and authorized under sole source procurement procedures (Sole source justification must be submitted to the Purchasing Department.)
- Contract for receipt of grant funds awarded to the college
- Other income-producing contract Software License Agreement Clinical Affiliation Agreements
- Dual Service Agreement with another TBR institution or state agency for employee services. Payment amount verified by Human Resources.
- First Time Account Renewal If renewal, did the rate change? Yes No By how much did the rate change? _____

II. GRANT FUNDED (check if goods or services are to be purchased using grant funds and specify the grant name)

- Grant Funded - Specify: _____

III. APPROVALS

A. Originating Department _____
Department Name

Signature *Print Name* *Title* *Date*

Signature indicates that a need for the goods or services has been documented and funds are available from the source indicated above.

B. Other Department Approval or Dean Approval, if applicable:

Signature *Print Name* *Title* *Date*

Signature indicates that the contract reflects the program and/or services that were offered to the fund or via Southwest's Proposal.

C. Divisional Vice President Approval:

Signature *Print Name* *Title* *Date*

Signature indicates that a need for the goods or services has been documented and funds are available from the source indicated above.

D. Grants Review (applicable if Contract is in receipt of grant funds):

Signature *Print Name* *Title* *Date* Deputy CFO Restricted Funds Accounting

Signature *Print Name* *Title* *Date* Director of Restricted Funds Accounting

Signature indicates that the contract reflects the program and/or services that were offered to the fund or via Southwest's Proposal.

E. Chief Information Officer (applicable only for Contracts for technology hardware, software, services, etc):

Signature *Print Name* *Title* *Date* CIO Information Systems

F. Purchasing Department Approval:

Signature *Print Name* *Title* *Date* Director of Purchasing and Auxiliary Services

G. Chief Financial Officer:

Signature *Print Name* *Title* *Date* CFO Financial and Administrative Services

H. Contract Compliance Approval:

Signature *Print Name* *Title* *Date* VP Financial and Admin Services/Compliance

Please obtain all required signatures before submission to the Contract Compliance Office.

- Check here if W-9 is on file
- Check here if a requisition is attached
- SciQuest/Banner Requisition # _____