Date Received by: _	Contract Number: _	
•		(Purchasing Dept)

SOUTHWEST TENNESSEE COMMUNITY COLLEGE CONTRACT APPROVAL SUMMARY FORM

Rusl	h:	Yes	No		Date Nee	eded: _					
				two (2) weel				e (1 month r	equired fo	r vendor g	enerated
agre	ement	s), provide	e an explana	ation of the de	elayed sub	missior	า:				
1.	Denar	tment Co	ntact Name	i							
٠.											
	Pnone	:		E	-mail:						
2.	Contra	act with: _						Address:			
	Contac	ct Person:			Phon	e:		En	nail:		
	Vendo	r/Parent C	ompany Out	side USA:	yes	no	If yes, list	t country:			
3.	Purpos	se of Cont	ract:								
	This c		(check all th	nat apply): ool)/not Stan	dard Form			are License	-		
				Form Agreem				or Generate or Contract	_		
			of an Existin	-			Contr	act includes	Confiden	tial Resear	ch Agreement
		Modificat	ion of Existi	ng or Form C	ontract						
		If renewa	l, did the ra	te change	yes	no E	By how m	uch did the	rate chan	ge?	
				EMENT BEING ANY EXHIB		ED, EX	TENDED	OR PREVI	OUS CON	TRACT AT	ITACHED FOR
4.		act Terms: rm (i.e. 7/): Start Date		E	end Date				
	Po	ssible Nur	nber of Ren	ewals:	Amount pe	r Year	:	_ Total An	nount w/p	ossible re	enewals:
	Pa	yment Fre	quency:	one-time	monthly	q	uarterly	semi-aı	nnually		
	Lea	ase: y	es no	Grant fund	ded: ye	es	no Spe	ecify the Gr	ant Name		
5.	Contra	ct Financi	al Informatio	n:							
	Тур	e: R	evenue	Expenditure	es No	Cost					
	Fur	nding Sour	ce: Instit	ution Sta	ate Ti	BR	Other				
	If no	ot solely fu	inded by Inst	titution, provid	le details						
	List	: Index/0	Organization	#	_ Account#	<i></i>					
6.	If this	contract is	a result of	an RFQ/RFP	, is the con	tract av	ailable fo	or system-w	vide use:	yes	no
7.	Check of the co		Competitive process is r			•	ve Proces cumentat		ng the non	-competiti	ve justification form
10.											

Signatures below indicate certification that budget is available for the purchase, he/she has read this contract and recommends its approval, and the purchase will be in compliance with TBR Purchasing Procedures.

Signature	Print Name	Title	Date
Other Departmer	nt Approval or Dean App	roval, if applicable:	
Signature	Print Name	Title	Date
ivision Vice Pre	sident or Division Head	Approval:	
Signature	Print Name	Title	Date
	annliaghla if Contract is a	arent or arent finded).	
	applicable if Contract is a Lorrean Lim Print Name	grant or grant funded): Deputy CFO Restricted Funds Accountin	ng Date
Grants Review (a	Lorrean Lim Print Name	Deputy CFO Restricted Funds Accountin Title	
Grants Review (a	Lorrean Lim	Deputy CFO Restricted Funds Accounting	
Signature Signature Chief of Adminis Signature	Lorrean Lim Print Name Suzanne Gibson Print Name trative Services (applical Michael Boyd Print Name	Deputy CFO Restricted Funds Accountin Title Director of Grants	Date Date dware, software, services
Signature Signature Chief of Adminis Signature	Lorrean Lim Print Name Suzanne Gibson Print Name trative Services (applical	Deputy CFO Restricted Funds Accountin Title Director of Grants Title Director of Grants Title Chief of Administrative Services Information	Date Date dware, software, services Systems

The Contract Approval Summary Form must be completed and submitted with all contracts. All required signature approvals must be captured on the Contract Approval Summary Form.