

CONTRACT REVIEW FORM (Continued)

Signed Contract Needed By: _____

1. Name of Other Contract Party:	
2. USU Department Code:	3. USU College Code:
4. Description of Contract: (see Contract Review Form, page 1)	
5. REVIEWERS - A signature below indicates that the Reviewer has reviewed/approved the contract. By signing, a Department or College level Reviewer is agreeing to fulfill all the terms and conditions of the contract. Reviewers should not sign this form unless they approve of the contract.	6. COMMENTS - Reviewers should use this section to explain why they do not approve of the contract. Reviewers may also use this section to recommend changes, ask questions, or provide additional information.
_____ Signature	_____ Date
_____ Name:	
_____ Title:	
_____ Signature	_____ Date
_____ Name:	
_____ Title:	
_____ Signature	_____ Date
_____ Name:	
_____ Title:	
_____ Signature	_____ Date
_____ Name:	
_____ Title:	

As described in University Policy 528, contracts may only be signed by an authorized signer. Attach a copy of the contract and any supporting documents prior to routing for review/signature. **For assistance please contact Purchasing and Contract Services, (435) 797-1033 or purchasing@usu.edu.**

Form Last Updated: 5/03/2017

Contract Review Form page ____ of ____