CONTRACT REVIEW FORM

Signed Contract Needed By:

1. Name of Other Contract Party:		
2. USU Department Code:	3. USU College Code:	
4. Description of Contract: (please include any information that may	be helpful to Reviewers who are unfamiliar with the contract)	
University approved template? Yes / No Contract Type:	Annual Amount: \$ Total Amount: \$ University is the	
Includes an Option for Renewal? Yes / No	RFQ/IFB/RFP #:	
Requires a Certificate of Insurance? Yes / No	Sole Source? Yes / No	
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 provide additional information.	
Signature (Originator) Name: Title:	- - -	
Signature (Dept. Head or Director) Name: Title:		
Signature (Financial Officer) 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: 11 September 2018 Contract Review Form page __1_ of _____

CONTRACT REVIEW FORM (Continued)

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Signature	Date	
Name:		
Title:		
Signature	Date	
Name:		
Title:		
Signature	Date	
Name:		
Title:		
Signature	Date	
Name:		
Title:		
Signature	Date	
Name:		
Title:		

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Form Last Updated: 5/03/2017 Contract Review Form page _____ of _____