

## CONTRACT REVIEW FORM

Signed Contract Needed By: \_\_\_\_\_

<b>1. Name of Other Contract Party:</b>									
<b>2. USU Department Code:</b>	<b>3. USU College Code:</b>								
<b>4. Description of Contract:</b> (please include any information that may be helpful to Reviewers who are unfamiliar with the contract)									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">                 University Template? Yes / No                  If yes, has template been modified? Yes / No                  Contract Type:   <input type="checkbox"/> New   <input type="checkbox"/> Renewal   <input type="checkbox"/> Amendment                   Contract Category: _____                   Contract Start Date: _____ End Date: _____                   Total Contract Length: ____ Years ____ Months ____ Days                  Includes a Termination Clause?   Yes / No                  Includes an Option for Renewal?   Yes / No                  Requires a Certificate of Insurance?   Yes / No             </td> <td style="width: 50%; vertical-align: top;">                 Annual Amount: \$ _____                  Total Amount: \$ _____                  University is the   <input type="checkbox"/> Payer (Expense)   <input type="checkbox"/> Receiver (Revenue)   <p style="text-align: center;"><b>The Following Information is Helpful for Purchasing Review</b></p>                 EZ-Buy Req #: _____                  RFQ/IFB/RFP #: _____                  Sole Source?   Yes / No             </td> </tr> </table>		University Template? Yes / No If yes, has template been modified? Yes / No Contract Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment  Contract Category: _____  Contract Start Date: _____ End Date: _____  Total Contract Length: ____ Years ____ Months ____ Days Includes a Termination Clause?   Yes / No Includes an Option for Renewal?   Yes / No Requires a Certificate of Insurance?   Yes / No	Annual Amount: \$ _____ Total Amount: \$ _____ University is the <input type="checkbox"/> Payer (Expense) <input type="checkbox"/> Receiver (Revenue)  <p style="text-align: center;"><b>The Following Information is Helpful for Purchasing Review</b></p> EZ-Buy Req #: _____ RFQ/IFB/RFP #: _____ Sole Source?   Yes / No						
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<b>5. REVIEWERS</b> - 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. <b>Reviewers should not sign this form unless they approve of the contract.</b>	<b>6. COMMENTS</b> - 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.								
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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](mailto:purchasing@usu.edu).**

Form Last Updated: 16 October 2018

Contract Review Form page   1   of

## CONTRACT REVIEW FORM (Continued)

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_____ <b>Name:</b>	
_____ <b>Title:</b>	
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_____ <b>Name:</b>	
_____ <b>Title:</b>	
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