



Fairleigh Dickinson University Contract Routing Form

Deadline for contract approval _____

Requesting Department Information

Department Name: _____

Department Mail Stop: _____

Department Contact: _____

Contact email address: _____

Vendor/Contractor Information

Businesses' Name: _____

Approved Vendor: Yes No

Vendor Contact: _____

Vendor Telephone: _____

Vendor email address: _____

Vendor's Mailing Address _____

Vendor's 'Pay To' Address _____

Contract Information

Purpose of Contract: _____

Contract Amount \$ _____ over _____ months Sole Source (No-Bid) Contract: No Yes (attach justification)

Other reviews: In accordance with the University's *Purchasing Policies and Procedures*, the *Contract Approval and Signatory Authority Policy* and *Fairleigh Dickinson University Contract Procedures* certain University transactions require review and approval from other departments. Please have the appropriate person sign below indicating their review and/or approval.

- For Capital Funding & Financing (VP, Finance) _____
- For Computer Hardware, Software, and Related (VP, OIRT) _____
- For Employment Services, including temp agencies (AVP, Human Resources) _____
- For Construction, Machinery, Hazardous Materials, Safety (VP, Facilities & Auxiliary Services) _____

I acknowledge that I have read and understand the attached contract/agreement and that upon contract execution I will comply with all its requirements and am responsible for: (a) monitoring compliance, expiration, and payment; and (b) ensuring that none of the University's policies are violated in connection with this contract, including the University's Code of Conduct and Conflict of Interest and Nepotism policies.

Requesting Department (Responsible Officer or authorized
delegate must sign)

Date