CONTRACT ROUTING FORM

This form should accompany ALL contracts submitted for review and signing. Please allow $\underline{\underline{u}}$ places days for review and to obtain the appropriate authorizing signatures.

| SECTION 1RequestingDepartment/ContractInfo List the individuals who should be notified upon | | ntract review | |
|--|---------|---------------|--|
| Requester | Dept.#: | Email: | |
| Additional Contact: | Dept.#: | Email: | |
| Date Submitted: | | | |
| x Contract Purpose (Check all that apply): | | | |
| x Contractor/Supplier Name: | | TIN | |
| y Contract is: | | | |

SECTION —Contract Review(Sign with a Digital ID Only)
(Please route to the next individual on the routing form. BAPM complete upon receiving a signed contract from the vendor

| Requester: | Signature: | _ Date: |
|--|--|--------------------------------|
| Budget Manager: | Signature: | _ Date: |
| Chair/Dean/AVP/VP: z | Signature: | _ Date: |
| Procurement: | Signature: | _ Date: |
| LegalCounsel | Signature: | _ Date: |
| Cybersecurity: | _ Signature: | 4e Tc 0 Tw 158.172 0 Td o7 .04 |
| μ P š Wo vv] <u>vP:</u> | Signature: | - |
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