

Illinois State University
Contract Approval/Routing Form

If this contract is grant funded, it must be taken to Research and Sponsored Programs for processing)

Department:

Campus Address:

Contact Person:

Phone:

Fax:

Contractor/Client/Vendor:

Address:

Contact Person:

Phone:

Fax:

Total Dollar Amount of Contract: _____

Term (Start Date/End Date): _____

Brief Description of Services or Nature of Agreement:

Preliminary Approvals (as required by Departmental policy):

Faculty/Staff - Printed Name

Signature

Date

Director/Dept. Head/Chair - Printed Name

Signature

Date

Dean/Asst/Assoc. VP- Printed Name

Signature

Date

Final Approvals (Please route two copies of the agreement for approval in the order provided below):

Purchasing Office (if applicable):

Printed Name

Signature

Date

Office of General Counsel:

Printed Name

Signature

Date

Vice President/Athletic Director (if over \$250,000, Presidential signature is also required)

Printed Name

Signature

Date

* This form should be maintained with the original contract documents.