



THE CATHOLIC UNIVERSITY OF AMERICA

Strategic Sourcing and Business Services

Washington, DC 20064

Tel 202-319-5044 Fax 202-319-5047

Contract/Agreement Routing Form for Facilities

REQUESTING DEPARTMENT

Department Name :	Room/Bldg:
Department Contact - <i>responsible for ensuring receipt of goods/services contracted</i>	Contact Telephone:
Contact Email Address :	

CONTRACTOR/VENDOR INFORMATION

Vendor Business Name :	Vendor Contact :
Business Address :	
Email Address :	
Telephone :	Fax :

CONTRACT/PROJECT DESCRIPTION

Purpose of Contract :		Contract Start Date	
		Contract End Date	
Contract Amount :	Is this a "Sole Source" contract? No	Yes <i>(Please complete Justification for Sole Source Form)</i>	
Requisition No.	Purchase Order No.	Contract No.	

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

Requesting Department Signature: <i>(Director, Department Chair/Admin. Mgr.) - Print Name and then Signature</i>	Date:
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REQUIRED APPROVALS : *The signatures below indicate conditional approval of the attached contract in the amount specified.*

Procurement Services	Date:
Procurement Manager / AVP Strategic Sourcing & Business Services	Date:
General Counsel	Date:
AVP Facilities Planning & Management	Date:
Vice President for Finance and Treasurer	Date:

Additional Review/Concurrence [For Procurement Services Use only]

Yes N/A	Budget Office <i>(Capital Funding)</i>	Date:
Yes N/A	Technology Services <i>(Computer Hardware, Software & Related Services)</i>	Date:
Yes N/A	Facilities Operations <i>(Construction, Machinery, Hazardous Materials, Insurance, Safety)</i>	Date:
Yes N/A	Human Resources <i>(Temporary Employment Services)</i>	Date: