

CONTRACT REVIEW SHEET

Changes made to the CRS by the Contracts Office are indicated in RED.	F&A INTERNAL USE ONLY	
	EXECUTED BY:	
	EXECUTION DATE:	
	WSU C#:	

Refer to BPPM 10.11 for instructions.

Complete this sheet for all contracts except purchasing agreements, sponsored project agreements, personal services contracts, and real property agreements.

Washington State University
Office of Finance and Administration
French Administration 442
Pullman, WA 99164-1045
509-335-7223

UNIT NAME	MAIL CODE	DATE CONTRACT NEEDED	REQUEST DATE*
UNIT CONTACT NAME	CONTACT E-MAIL ADDRESS		CONTACT TELEPHONE

THIS IS A CONTRACT WITH:

NAME	ADDRESS	TELEPHONE	EMAIL ADDRESS
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PURPOSE OF CONTRACT

*Check this box if contract requires signature within 30 days of request date. NOTE: Contracts Office requests at least 30 days for processing.

TYPE OF CONTRACT:

<input type="checkbox"/> SPEAKER/PERFORMER (Client Services)	<input type="checkbox"/> INTERAGENCY	<input type="checkbox"/> REVENUE	<input type="checkbox"/> FACILITIES USE
<input type="checkbox"/> ACADEMIC PROGRAM	<input type="checkbox"/> AFFILIATION	<input type="checkbox"/> LODGING	<input type="checkbox"/> MISCELLANEOUS

THE CONTRACT IS A:

<input type="checkbox"/> NEW CONTRACT	<input type="checkbox"/> RENEWAL OF EXISTING CONTRACT (Attach copy of existing contract)	<input type="checkbox"/> AMENDMENT TO EXISTING CONTRACT (Attach copy of existing contract)
<input type="checkbox"/> STANDARD TEMPLATE	<input type="checkbox"/> MASTER AGREEMENT	

IF THIS IS A CONTRACT FOR USE OF NON-STATE OR NON-PUBLIC FACILITIES: Attach written justification approved by responsible dean, director, chair or higher. See the SAAM 10.10.55 justification form, available at: <http://contracts.wsu.edu/Forms.html>.

CONTRACT TERMS:

START DATE	END DATE	Is WSU competitively awarding this contract? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PAYMENT PERIOD	NO. OF PAYMENTS	AMOUNT PER PERIOD	TOTAL AMOUNT

IMPACT ON UNIVERSITY RESOURCES (Check and describe all resources that apply.)

RESOURCE	DESCRIPTION	COST TO UNIVERSITY	REVENUE TO UNIVERSITY
<input type="checkbox"/> DOLLARS			
<input type="checkbox"/> OTHER			
Enter the account numbers of the University accounts supporting contract costs and/or receiving revenue.		PROGRAM-BUDGET-PROJECT	PROGRAM-BUDGET-PROJECT

PAYMENT

FUNDING SOURCE (Check as appropriate.)			
<input type="checkbox"/> FEDERAL GRANT	<input type="checkbox"/> LOCAL	<input type="checkbox"/> STATE	<input type="checkbox"/> PRIVATE GRANT <input type="checkbox"/> FEDERAL APPROPRIATION <input type="checkbox"/> OTHER _____
PAYMENT METHOD (Check one.)			
<input type="checkbox"/> PURCHASING CARD (Contract payments made by purchasing card must be in compliance with BPPM 70.08.)	<input type="checkbox"/> WSU CHECK	<input type="checkbox"/> WIRE TRANSFER	<input type="checkbox"/> AUTOMATED CLEARING HOUSE (ACH) (Electronic transfers)
DIRECT BILL FOR LODGING If this contract requests direct billing for WSU employee lodging, payment of lodging expenses must be in compliance with 95.06.			
INSURANCE Is a Certificate of Insurance required? <input type="checkbox"/> YES** <input type="checkbox"/> NO **If yes, submit a completed Request for Certificate of Insurance (BPPM 50.11) to the Office of Risk Management. See BPPM 50.11 for form instructions.			

CERTIFICATION OF APPROVING PARTIES:

I have read this contract entirely. I am satisfied with its description of what is to be provided to the University. I am also satisfied with the description of the University's obligations and all other provisions of this contract, except as noted in any attached memorandum.

EXPENDITURE AUTHORITY NAME/TITLE	SIGNATURE OF EXPENDITURE AUTHORITY	DATE
DEAN, DIRECTOR, CHAIR, OR HIGHER NAME/TITLE	SIGNATURE OF DEAN, DIRECTOR, CHAIR OR HIGHER	DATE