

## Competitive Bid Summary Form or Special Considerations/No Bid Exception Approval Form Attached \_\_Y \_\_ N

## Contract Processing and Approval Form (See Contract Processing Policy and Instructions)

Person and Department Initiating Req	uest for Approval:		
Name(s) of External Party(s) to Contra	ct:		
Description of services/goods provide	d:		·
Contract Start Date / Contract End Da	te:		
Dollars to be Paid by MU: \$	Dollars t	o be Received by MU: \$	
RC Code for Dollars to be Paid/Receiv	red: C	Check if RC Code is a grant-fund	ded account
Final Approval Needed By:			
I have read the proposed contract, whi project approvals and ensured that Technology Policies (including exception)	these goods or services a		
XInitiating Person / Authorized Under			
Initiating Person / Authorized Under	RC Print Name	Date	Phone Ext.
Request Approved by Information Tec	hnology Services if technol	ogy-related:	
X			
ITS Chief Information Officer or Designee		Date	
Request approved PROVOST			
EXECUTIVE VICE PRESIDENT, PRESIDI	Ent or designee:		,
Request Approved:			
X			
President / Provost / VP / Dean	Print Name	Date	
Route this complet			

## **Contract Processing and Approval Form Instructions**

- 1. This form must be used with all contracts, agreements, memos of understanding, commitment letters or other written instruments that may legally obligate the University to pay money, take action or refrain from taking action. Contracts are exempt from this requirement as set forth in the Contract Processing Policy.
- 2. All contracts must be in the name of Marquette University and not in the name of individual departments or employees.
- 3. The person initiating the request for contract approval should complete the form to the best of his or her ability.