



Mount St. Joseph University Contract Review Request Form

This Mount St. Joseph University (the "University") Contract Review Request Form is required for all contracts requesting the General Counsel to review and/or the University President or Chief Financial Officer's signature. Please email this completed form along with the contract to Contracts@msj.edu (one contract per form and email). The standard review and execution time for each contract is 5 to 7 business days.

Information Must Be Completed

| | |
|--|---------------|
| Date Requested: | Date Needed: |
| Employee/Sponsor Requesting the Review: | Phone Number: |
| University Department: | |
| University Accounting Code: | |
| Purpose of the contract and services to be rendered: | |
| Additional Information: | |
| Length of the contract: | |
| Annual Cost: | Total Cost: |
| Does this contract include vendor exclusivity: YES NO | |
| Is the contract amount included in the approved department budget: YES NO | |

Approvals

By signing below, I approve this agreement for its stated purpose and authorize the use of University funds.

Department Sponsor Print Name: _____

Sign: _____ Date: _____

Dean, VP or Administrative Officer Print Name: _____

Sign: _____ Date: _____