

Idaho State University Contract Review and Approval Form

External Party: _____ Address: _____

Full Term Payment Amount: _____ 1-Time/Annual Amount: _____

Start Date: _____ End Date: _____ Amendment/Modification/Extension? Yes No

(Sponsored Programs ONLY)

Proposal ID #: _____ Award #: _____

Project Title: _____

Initiator/P.I.: _____ Department: _____
Date

Typed Name: _____ Mail Stop: _____ E-mail: _____

OGC Attorney/Paralegal: Preliminary Review:* | Pre-Signature Review:**
Initials: _____ Date: _____ | Initials: _____ Date: _____
(May not apply for Sponsored Programs Agreements.)

Business Officer/SFA: _____ Date: _____
Typed Name: _____

Initiator's Supervisor: _____ Date: _____
Typed Name: _____

Chair: _____ Date: _____
Typed Name: _____

Dean: _____ Date: _____
Typed Name: _____

Additional Required Reviewers (if applicable)

Purchasing Agent: _____ Date: _____
Typed Name: _____

Information Technology Representative: _____ Date: _____
Typed Name: _____

Additional Finance/Administration Review (only if University pays \$150,000 or more)

Vice President for Finance and Administration: _____ Date: _____

Authorized Signatory/Review

(May require General Counsel pre-signature review – see above.)

Responsible Vice President / Provost: _____ Date: _____
(or delegated designee) Typed Name: _____ (of agreement signing)

President: _____ Date: _____
(President signs instead if law or funding agency requires.) (of agreement signing)

IF THE AGREEMENT'S PROVISIONS COMPLY WITH YOUR DEPARTMENT'S AND THE UNIVERSITY'S REQUIREMENTS, THEN SIGN ABOVE AND FORWARD TO THE NEXT REVIEWER OR THE INITIATOR. IF NOT, THEN RETURN UNSIGNED TO INITIATOR. TIME IS OF THE ESSENCE. (8-31-09)