

CONTRACT ROUTING ACKNOWLEDGEMENT FORM

I, _____, _____ from _____ grant
Full Name Title Department
 authority to the Contracting Department to upload the following contract on behalf of the department into the contracting database and begin formal reviews and execution:

VENDOR INFORMATION

Company's Legal Name: _____

Contact Name: _____ Contact Email: _____

Contact Title: _____ Contact Department: _____ Contact Phone: _____

FUNDING INFORMATION

Funding Category:

- Expense
- Revenue
- Affiliation
- Patient Billing System
- Other: _____

If Revenue		If Expense	
Year 1	\$	Year 1	\$
Year 2	\$	Year 2	\$
Year 3	\$	Year 3	\$
Year 4	\$	Year 4	\$
Year 5	\$	Year 5	\$
Year 6	\$	Year 6	\$
Year 7	\$	Year 7	\$

CONTRACT TERMS

Statement of Purpose:

Anticipated Effective Date: _____

Term: _____ Months _____ Years Other: Start Date: _____ End Date: _____

Patient Health Information Shared? _____

Department Review

I further acknowledge in granting this authority that I retain full responsibility and attest to the following:

_____ I have reviewed the contract document(s) and recommend executing the attached document(s) as written.
Initial Here

_____ I can confirm that we have available resources to fulfill all of the obligations contained in this agreement or contract, and it is within the mission of this department or area of responsibility.
Initial Here

_____ I feel this agreement or contract is a proper activity to enter into, that it will be beneficial to TTUHSC El Paso, and it complies with the policies of the Board of Regents and TTUHSC El Paso. [The policies cited here are HSC OP 54.01 -54.02 - 54.04 and Board of Regents' Rules 07.12].
Initial Here

Signature

Date