



CONTRACT AND AGREEMENT APPROVAL FORM

Please use this form for general contracts, involving goods, services, and vendors. This form should be completed and attached to the proposed contracts/agreements prior to submitting to the University Counsel. Please return the draft contract and routing form to the Office of the President-University Counsel; Hill Hall Building, P.O. Box 20449, Savannah, GA 31404.

In initiating and/or signing this contract, the SSU employee and Department Head certifies that this agreement will not be in violation of the Conflict of Interest laws, rules, regulations, and/or policies and procedures as defined by the Official Code of Georgia Annotated 45-10-22 et. seq. and Board of Regents 8.2.13.2.

Contract Summary (Please attach SSU Contract/Consultant Agreement form to this document):

1. Contract/Agreement between the Board of Regents of the University System of Georgia by and on behalf of Savannah State University and _____
2. Dates of Contract: from _____ to _____
3. Amount \$ _____
4. Initiator _____ Phone# _____ Date _____
5. Project Number _____ 6. Initiator's email _____
7. Department _____
8. Attach Contract:

All contracts and agreements involving Savannah State University as a provider or receiver of services or products must be approved (as indicated by signature on this form) by the following University representatives in the order given below. Contracts and agreements which do not have the appropriate signatures shall not be considered valid and shall not be honored by the University.

9. I certify that this contract/agreement is appropriate and necessary to the department's mission and priorities and that the department can furnish the services, materials, and funds in the contract/agreement.

Budget Unit head or Project Manager (Print Name)	Signature/Date
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Budget Unit Head Supervisor and/or Dean (Print Name)	Signature/Date
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10. I certify that the contract agreement is appropriate and necessary to the college's mission and priorities and the college or school can furnish the services, materials, and funds designed in the contract/agreement.

Grants Management	Signature/Date
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Provost/VP for Academic Affairs	Signature/Date
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Chief Information Officer	Signature/Date
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Director for Title III	Signature/Date
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VP for Business & Financial Affairs	Signature/Date
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University Counsel	Signature/Date
University Counsel (Print Name)	Signature/Date

Comments: _____

University President or Designee	Signature/Date
University President or Proxy (Print name)	Signature/Date