

CONTRACT ROUTING & APPROVAL FORM

(Page 1)

Note 1: All contracts should be forwarded to contracts@savannahstate.edu for legal review.

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.

In initiating and/or signing this contract, the SSU employee and Division Reviewer certify 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. and 3.4.4.

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. Contract purpose:

3. Dates of Contract: From _____ To _____

4. Amount \$: _____

5. Department: _____

6. Contract Owner's Name: _____

7. Contract Owner's email: _____ Owner's phone #: _____

8. Project #: _____

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, page 2) 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.

CONTRACT ROUTING & APPROVAL FORM

(Page 2)

Contract/Agreement between the Board of Regents of the University System of Georgia by and on behalf of Savannah State University and

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.

_____ Contract Owner (Print Name)	_____ Signature/Date
_____ Supervisor and/or Dean (Print Name)	_____ Signature/Date
_____ Division Review (Print Name)	_____ Signature/Date

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.

_____ Procurement (Print Name)	_____ Signature/Date
_____ CIO Review & Approval (Print Name)	_____ Signature/Date
_____ Grant PI/Activity Director (Print Name)	_____ Signature/Date
_____ Title III (Print Name)	_____ Signature/Date
_____ Grant Accounting (Print Name)	_____ Signature/Date
_____ VP Legal Affairs (Print Name)	_____ Signature/Date
_____ VP of Business & Financial Affairs (Print Name)	_____ Signature/Date
_____ Contract Executor (Print Name)	_____ Signature/Date

Note 2: All fully executed contracts are to be sent to contractsarchive@savannahstate.edu for archival purposes.