



Columbus State University

Contract Approval and Routing Form

(School of Nursing)

GENERAL INFORMATION

Department Requesting Contract Authorization	Department Contact	CSU Telephone	CSU Email
Contract is With (Name of Contractor)	Contact Person for Contractor (Tel / Email)	State in which Clinical Facility/Site Located	
Contract Term (Start/End Dates)	Contract Funded by (University / Foundation / N/A)	Total Dollar Amount	
Contract Require Disclosure of Student or Health Information? (Y/N)	Contract Involve Use of UIT Services (Y/N)	SON Degree Program Involved	

REQUESTING DEPARTMENT CERTIFICATION

By signing below, I certify that the goods and services being procured under this contract are appropriate and necessary to the department's mission and priorities and that the department has sufficient funds to cover purchase of the identified goods or services.

Name of Department, Division Head or Director	Signature	Date
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REVIEW AND APPROVAL / SIGNATURES

All proposed contracts involving in which CSU is a party must be reviewed and approved (as indicated by the signatures on this form) to be binding. Contracts executed in violation of the Contract Approval Policy and without the required signatures will not be considered valid and shall not be honored by Columbus State University. **Please obtain all applicable "Review and Approval" signatures under this section prior to submission to Office of General Counsel for final review.**

	SIGNATURE	DATE
<input type="checkbox"/> Dean (for contracts originating within a College)		
<input type="checkbox"/> Director, Sponsored Programs (for grants and sponsored programs)		
<input type="checkbox"/> Information Technology (for software contracts or use of IT services)		
<input type="checkbox"/> Executive Director, Foundation (for contracts funded by CSU Foundations)		
<input type="checkbox"/> Purchasing Department (for the purchase of goods and services)		
<input type="checkbox"/> Risk Manager (for contracts involving the purchase of goods and services)		
<input type="checkbox"/> _____ (if necessary, additional review at discretion of OGC)		

REQUIRED SIGNATURES

General Counsel		
Vice President for Business and Finance (for all contracts requiring expenditure of university funds)		
Provost and Executive Vice President for Academic Affairs (for all academic contracts)		
President (Required if signature authority has not been delegated)		