



Contract Review Form

The purpose of the Contract Review Form is to create a complete electronic document file for University Contract records and communication. This form is to be completed and included with all contracts, renewals, and related documents. If you have any questions about this form, please contact the Purchasing & Contracts Department by email to: contracts@pace.edu, or via phone at ext. 22642.

Vendor/Unit Contact Section
The information in the Vendor/Unit Contact Section is required for all contracts and renewals.

Vendor Legal Name:
(Please type the complete legal name of the contract vendor.)

Vendor Legal Address:
(Please type the complete legal address of the contract vendor: street, city, state and zip code.)

Vendor Contact Person:
(Complete name of the contract vendor contact person)

Vendor Contact Phone:
(contract vendor phone number – with area code.)

Vendor Contact E-Mail:
(contract vendor email address.)

Vendor Contact Fax #:
(contract vendor fax number – with area code.)

Contract Title:
(Please type the complete contract title)

Contract Type:
(Please select from the drop-down list.)

Originating Unit:
(Please select from the drop-down list.)

Originating Representative:
(Please type the complete name of the Pace representative primarily responsible for this contract.)

Originating Unit Comments:
(Please type additional comments.)

Contract Date Terms

The information in the Contract Date Terms section is required if it applies to the contract or the renewal

Contract Start Date:
(Please type the date that the contract term begins)

Contract End Date:
(Please type the date that the contract term ends)

Contract Termination Notice:
(Example – 30 day notice)

Contract Renewal Notice:
(Example – 30 day notice)

Contract Insurance Terms

The information in the Contract Insurance Terms section is required if it applies to the contract or the renewal.

Contract General Liability Insurance Amount:
(Each Occurrence + General Aggregate = Total Dollar Amount of General Liability Insurance Amount.)

Contract Insurance Renewal Date:

Contract Workers Compensation and Employer Liability: Yes

No

Contract Financial Terms and Commitment

The information in the Contract Financial Terms and Commitment section is required if it applies to the contract or the renewal.

Budget Index #:
(Please type the budget index to be charged.)

Account #:
(Please type the account number to be charged.)

Purchase Request #:
(Please type the purchase request number. This should be included for all payments to corporate and/or organization contract vendors if the contract requires Pace to pay the contract vendor.)

Purchase Order/Payment – Due Date:
(Please type the date that the contract vendor requires a purchase order and/or payment.)