

CONTRACT REQUEST FORM

GPO _____
NON-GPO _____

HAS THIS PRODUCT BEEN APPROVED THROUGH THE APPROPRIATE VALUE ANALYSIS COST MANAGEMENT TEAM FOR APPROVAL? _____

Instructions: Please provide the following information to begin the contract review process.

General Information

Requestor Name: _____ Phone: _____
Department: _____

Vendor Name: _____ Tel. #: _____
Contact: _____ Email: _____

Purpose of Agreement: (attach vendor proposal/agreement; if applicable)

Estimated Value: _____ Estimated Savings: _____ Term: _____

Reason for Vendor Selection: (Check as applicable and attach appropriate justification form)

____ Sole Source (attach 3.09 form) ____ Best Value (submit justification)

____ Other (please explain) _____

Complete Below as applicable:

New Agreement: Y ___ N ___

Replacement Agreement: Y ___ N ___

(if yes, please indicate which previous agreement this will replace)

Committed Contract: Y ___ N ___ (if yes, indicate funding source – Chartfield # must be included)
Chartfield # _____)

Departmental Authorized Signature: _____

PURCHASING USE ONLY

Type of Agreement (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Pricing Discount | <input type="checkbox"/> Master Terms & Conditions |
| <input type="checkbox"/> Consignment | <input type="checkbox"/> Rebate Agreement |
| <input type="checkbox"/> Rental Reagent | <input type="checkbox"/> Equipment Lease |
| <input type="checkbox"/> Other | |

Purchasing Reviewed by: _____ **Date:** _____