



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Office of Procurement and Contracts

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CONTRACT ROUTING AND APPROVAL COVERSHEET

The fields below require completion, as appropriate, and the completed form must be submitted with the contract/agreement to the Procurement and Contract Office for review and execution. Contracts must be submitted in a timely manner to allow 10 working days to review and complete the execution process. If it is determined that bidding is necessary during the contract review process, an additional 21 days to 30 days may be required to complete the bidding process. The Office of General Council (OGC) must review all contracts/agreements over \$50,000. This may take up to 30 days.

NOTE: Any incomplete section of this form may cause the form to be returned to the originator.

Purpose: _____

Name of Contract: _____ Contract No. (if applicable): _____

Originating Department: _____

Dept. Contact Person: _____ Title: _____

Email: _____ Phone: _____

1.) Is this a new contract or a change to an existing contract/agreement?

- New Amendment to an Existing Contract/Agreement Extension or Renewal of Existing Contract/Agreement

Contract begins _____ (may not precede date of full execution); **Contract end date** _____

2.) **Budget Information** – Please note that if funds are not encumbered in the stated account or the account does not have sufficient available funds (procurement card purchases), the contract will be returned to the originator.

FAMIS Account #: _____ Requisition#: _____ Procard:

Dollar Amount: \$ _____ (must be completed for procurement card/purchase order purchases)

3.) **Vendor Information:**

Company Name: _____ Address: _____

Company Contact, Name/Title: _____ City, State/Zip: _____

Email: _____ Phone: _____ Fax: _____

4.) Date Contract was received by Department: _____

Date of Event: _____ Date Deposit is Required (if applicable): _____

5.) Is Vendor required to be insured? _____

If yes, vendor needs to send copy of valid insurance certificate with the following minimum requirements

General Aggregate: \$2,000,000
Each Occurrence Limits: \$1,000,000

Products/OC: \$1,000,000
Fire Damage Limit: \$100,000

Personal and Advertising Injury Limits: \$1,000,000
Medical Expenses Limit: \$1,000 or \$5,000

Department Head's signature below certifies that he/she has read the terms and conditions of this contract and agree to ensure compliance with the stated terms. Other signatures and dates track routing information.

SIGNATURES and ROUTING

Department Originator Signature: _____ Date: _____

Department Head: _____ Date: _____

Contract Reviewer: _____ Date: _____

Director, Procurement & Contracts: _____ Date: _____

Senior V.P. for Business Affairs: _____ Date: _____

TO BE COMPLETED BY PVAMU Contract Office

Date sent to OGC for Review: _____ OGC Return Date: _____

Date Received: Fully Executed Contract: _____ Initials: _____