

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)

____ Pricing Discount ____ Master Terms & Conditions
____ Consignment ____ Rebate Agreement
____ Rental Reagent ____ Equipment Lease
____ Other

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