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: ________