

**PACIFIC LUTHERAN UNIVERSITY
CONTRACT REVIEW AND APPROVAL FORM**

PLU	Department _____	
	Point of Contact _____	

VENDOR	Name _____	
	Address _____	
	Point of Contact _____	
	Email _____	
	Phone _____	

CONTRACT DETAILS	Initial Cost _____	
	Annual Cost _____	
	Source of Funds _____	
	Effective Date _____	
	Term _____	
	Is the whole cost covered by department budget?	YES NO
	Does this contract replace an existing contract?	YES NO
	List other PLU departments impacted by this contract.	

All signatures should be obtained in the order listed below:

	Signature	Date
APPROVED BY:		
Department Chair/Director	_____	_____
Dean/AVP/Assoc. Provost	_____	_____
Division VP/Provost	_____	_____
REVIEWED BY:		
Risk Management	_____	_____
I&TS (if necessary)	_____	_____
Impacted Departments	_____	_____