



**Departments:** Complete page 1 which includes the Contractor Information section, the Contract Administrator (CA) Approval section, and the **Specialized Contracts Information** section (as applicable). The CA who is responsible for oversight of the contract performance should complete and sign the form. **Attach the contract in a Word format and this routing sheet to the requisition in TechBuy if there is a payment obligation.** If there is no payment obligation, email the contract in Word format and this routing sheet to [contracting@ttu.edu](mailto:contracting@ttu.edu). Call 806-742-3844 for assistance.

**Contractor Information (Must be filled in by the requesting department)**

Contractor's Name \_\_\_\_\_ Contractor's Phone \_\_\_\_\_

Contractor's Contact \_\_\_\_\_ Contractor's Email \_\_\_\_\_

Description of Goods/Services \_\_\_\_\_

Payment required from TTU/TTUS (expenditure)? Yes No Provide the requisition number. \_\_\_\_\_

Provide the fund/funds that will be used for expenditures. \_\_\_\_\_

Payment required to TTU/TTUS? Yes No Provide the TTU/TTUS receiving FOAP. \_\_\_\_\_

Is contractor related to an employee of TTU/TTUS to the best of your knowledge? Yes No

**Information Technology/Software Questionnaire**

**(departments must answer these questions for any software or hardware purchase)**

1. Will personally identifiable information (including, but not limited to date of birth or social security number) be gathered or stored within the software or system?

Yes No

2. Will the software or system store any financial information, including, but not limited to credit card numbers, bank routing numbers, etc.?

Yes No

3. Will the software or system access any student records or grades? Yes No

4. Does the software or system integrate into any other TTU/TTUS software or systems? Yes No

5. Are any individual health records stored in the software or system? Yes No

If you answered yes to any of the questions above, please provide a summary below.

IT DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contract Administrator Approval (Must be signed by the requesting department Contract Administrator)**

Department: \_\_\_\_\_

Contract Administrator: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

*Per [Operating Policy 72.04](#), as the departmental point of contact responsible for the contracted goods or services, I confirm that I have read the attached contract and agree to abide by the terms and conditions of the contract and agree to perform my duties as the Contract Administrator. In addition, for the duration of the contract, I certify that funding is available or will become available for any expenditures resulting from this contract. I agree to comply with the TTU [Operating Policy 10.11 Ethics Policy](#).*

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**Review and Signatories**

**TTU/TTUS Contract Review and Signature (Procurement Services will complete this section)**

(1) **Chief Procurement Officer** \_\_\_\_\_ Date \_\_\_\_\_  
*Review on all contracts except those delegated per the Contract Management Handbook; delegated signatory on all TTU/TTUS business contracts less than \$100,000.*

(2) **Vice President of Administration and Finance & CFO** \_\_\_\_\_ Date \_\_\_\_\_  
*Review required on TTU contracts with an annual value in excess of \$1,000,000; delegated signatory for all TTU contracts with an annual value of \$100,000.01 to \$1,000,000.*

(3) **Vice Chancellor & CFO** \_\_\_\_\_ Date \_\_\_\_\_  
*Review required on TTUS contracts with an annual value in excess of \$1,000,000; delegated signatory for all TTUS contracts with an annual value of \$100,000.01 to \$1,000,000.*

**Reviewed by:**

**Contract Development Manager**

**CIO**

**General Counsel**

**Tax Services**

**EH&S**

**Operations**

**Risk Management**

**Other review:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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**TTU/TTUS Contract Risk Analysis (Procurement Services will complete this section)**

Total Contract Amount \$ \_\_\_\_\_ Annual Contract Amount \$ \_\_\_\_\_

Risk Analysis on File (Contract Value Exceeds \$50,000)? Yes \_\_\_\_\_ N/A \_\_\_\_\_ Date Routed \_\_\_\_\_

Purchase Documentation \_\_\_\_\_ Cooperative Contract Type \_\_\_\_\_

Board Approval Required? Yes \_\_\_\_\_ No \_\_\_\_\_ Meeting Date \_\_\_\_\_ Board Item # \_\_\_\_\_

Nepotism Disclosure Form on file (Contract Value Exceeds \$1,000,000)? Yes \_\_\_\_\_ N/A \_\_\_\_\_

Texas Ethics Commission Form 1295 on file (Contract Value exceeds \$1,000,000 or BOR approval required)? Yes \_\_\_\_\_ N/A \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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