



Departments: Complete the Contractor Information section and have the individual within your Department who is responsible for oversight of the contract performance, complete and sign the Contract Administrator Approval section. Once both sections are complete, attach the contract and this routing sheet to a requisition in TechBuy if there is a payment obligation. If there is no payment obligation, email the contract and this routing sheet to purchasing.contracting@ttu.edu. Call 806/742-3844 for assistance.

Contractor Information (Required)

Contractor's Name _____ Contractor's Phone _____

Contractor's Contact _____ Contractor's Email _____

Contractor's Address _____

Description of Goods/Services _____

Is there a payment obligation? Yes _____ No _____ Will there be revenue? Yes _____ No _____

Contract Administrator Approval (Required)

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.

(1) **Director of Procurement Services** _____ Date _____
Review required on all contracts except those delegated otherwise; delegated signatory on all TTU and TTUS contracts less than \$100,000.

(2) **Office of General Counsel** _____ Date _____
Review required on all contracts with a value greater than \$100,000 unless using an approved contract template.

(3) **Associate Vice President and CIO** _____ Date _____
Review required on IT contracts greater than \$10,000 and on all contracts for website design.

(4) **Vice President of Administration & Finance & CFO** _____ Date _____
Review required and delegated signatory on TTU contracts with a value of \$100,000 to \$1,000,000.

(5) **Vice Chancellor & CFO** _____ Date _____
Review required on TTUS and TTU contracts with a value in excess of \$1,000,000; delegated signatory for all TTUS contracts with a value of \$100,000 to \$1,000,000.

(6) **President** _____ Date _____
Required signatory on TTU contracts, amendments, and renewals (unless delegated otherwise) in excess of \$1,000,000.

(7) **Chancellor** _____ Date _____
Required signatory on TTU and TTUS contracts, amendments, and renewals (unless delegated otherwise) in excess of \$1,000,000.

NOTES: _____

TTU Procurement Services Information (TTU Procurement Services personnel will prepare this section):

Requisition # _____ FOAP _____

Contract Amount \$ _____ Date Routed _____

Purchase Documentation _____ Cooperative Contract Type _____

Is contractor related to an employee of TTU to the best of our knowledge? Yes _____ No _____

Board Approval Required? Yes _____ No _____ Meeting Date _____ Board Item # _____