CONTACT INFORMATION		
Requesting Department	Requesting Person/Phone	Administrative Contact/Phone
CONTRACT DETAILS		
Vendor Name (Business or Individual)	Contract Start/End Dates	Total Contract Dollar Amount
Description of Services/Goods Procured	Funding	Source Account No. / Project ID No.
Contract is: □New □Renewal (original atta	ached)   Amendment (original attached)	<b>Grant Funds Involved</b> ? □Y □N
<b>Contract Payments To/From:</b> □GSU □Fo	oundation □Research Foundation □Athle	etic Association
Will the Services/Goods Procured under th  ☐ Y ☐ N Involve Regular Interaction v ☐ Y ☐ N Use Student Information of A ☐ Y ☐ N Use Health Information of A ☐ Y ☐ N Use GSU IT Networks?	with GSU Students, Employees, Funds, Sen Any Kind?	sitive/Confidential Data, or Facilities?
AUTHORIZED SIGNATORY FOR CONT	RACT	
The person listed below is the Authorized Sign Signatories may sign GSU contracts. A comp services/contracts. All GSU contracts ≥ \$25,0	lete list of Authorized Signatories is availab	ole: http://universityattorney.gsu.edu/legal
Name of Authorized Signatory for this Con		
DEPARTMENTAL CONTRACT SUPPOR Requesting Department Head confirms that co Interest (available in pertinent part at		