CONTACT INFORMATION			
Requesting Department CONTRACT DETAILS	Requesting Person/F	hone/Email	Administrative Contact/Phone/Email
CONTRACT DETAILS			
Vendor Name (Business or Indiv	vidual) Contract St	art/End Dates	Total Contract Dollar Amount
Description of Services/Goods	Procured	Fun	ding Source Account No. / Project ID No.
•			-
Contract is: ☐ New ☐ Renewal ((original attached) Amer	ndment (original attac	ched)
Contract Payments To/From: □] GSU □ Foundation □ Re	esearch Foundation	☐ Athletic Association ☐ Alumni Association
Will the services/goods procure	ed under this contract inv	olve:	
☐ Y ☐ N Regular interaction by vendor with GSU students, employees, funds, sensitive data or facilities?			
☐ Y ☐ N Use student informa	•		
		processing, transmit	tting, or storing GSU data? If Y, complete form.
AUTHORIZED SIGNATORY FOR			
The person listed below is the Authorized Signatory who will sign this contract once approved by Legal Affairs. Only Authorized Signatories may sign GSU contracts. A complete list of Authorized Signatories is available: GSU Signature Authorization List.			
orginatorico may orgin 000 domita	oto: 71 complete liet of 7 tati	101120d Olgilatorioo io	GOO OIGHTAGHO / TATHON ZARON ZIOC.
Name of Authorized Signatory f	or this Contract	Title	
DEPARTMENTAL CONTRACT S			
			es with the GSU Policy on Individual Conflict of vices/goods upon the described business terms.
Department has sufficient funds to cover the financial obligations of the contract.			
Name of Requesting Departmen		Signature	Date
PURCHASING APPROVAL (if Un			and an action and a
Purchasing has reviewed the attack E-Verify : □ Satisfied □ Pending		s applicable procure	ment requirements.
E-verify : \Box Satisfied \Box Pending	J		
Name of Purchasing Officer		Signature	 Date
If IT contract: BPM Data Security	Review satisfied:	· ·	
Name		Signature	Date
FOUNDATION APPROVAL (if Fo	undation funds used)		
			indation requirements. The Requesting
Department has sufficient Founda	tion account funds to cove	r the financial obligati	ions of the contract.
Name of Foundation Officer		Signature	Date
LEGAL AFFAIRS APPROVAL – P	LEASE ALLOW 2 WEEKS		
			an Authorized Signatory as follows:
☐ Without Changes ☐ With the	e Included Changes (Both	Parties must Initial	//Accept Changes for Contract to be Binding)
Name of Legal Affairs Attorney		Signature	Date