

**CONTRACT ROUTING AND APPROVAL FORM**

<p><b>*Requesting Department:</b> _____</p> <p><b>*Requesting Individual:</b> _____</p> <p><b>*Email Address:</b> _____</p> <p><b>*Account Number (If Applicable):</b> _____</p> <p><b>*Method of Payment:</b> _____</p> <p><b>*Requisition Number (If Applicable):</b> _____</p> <p><b>*Vendor ID Number (If Applicable):</b> _____</p>	<p><i>Contact information for Vendor/Other Party:</i></p> <p><b>*Vendor/Other Party Name:</b> _____</p> <p><b>*Vendor/Other Party Rep. Name:</b> _____</p> <p><b>*Vendor/Other Party Email:</b> _____</p> <p><i>Person signing for Vendor/Other Party:</i></p> <p><b>*Signatory Name:</b> _____</p> <p><b>*Signatory Email:</b> _____</p>
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**\*Is Procurement Review Required?**  Y / N  (Certain Contracts for Goods, Services, Leases, Prepayment, Sole Source, IT)

**\*If YES, the box below must be completed by Procurement PRIOR to you uploading this Form to the Contract Intake Portal.**

<p align="center"><b><u>Office of Procurement Services Use Only</u></b></p> <p>Title/Name: _____</p> <p>Signature: _____</p>	<p>Contract ready for legal review and approvals?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Is IHL approval required?</p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>	<p>Comments:</p>
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**\*Type of Contract:** \_\_\_\_\_ **\*CONTRACT AMOUNT:** \_\_\_\_\_

**\*Description Summary and Justification:** (Please Describe the Goods, Services, and/or the Intended Purpose of the Contract)

**\*Start Date:** Upon Contract Execution:  Yes **OR** Contract Specific Date: \_\_\_\_\_ **\*End Date:** \_\_\_\_\_

**\*Renewal Option:** \_\_\_\_\_ **\*Renewal Notice (if applicable):** \_\_\_\_\_

**\*Number of Payment(s) Due:** \_\_\_\_\_ **\*Amount per Payment:** \_\_\_\_\_

**\*Is a Prepayment/Deposit Required?**  Y / N  **\*Amount of Prepayment/Deposit:** \_\_\_\_\_

**\*Paid with State Funds:**  Y / N  **\*Paid with Grant Funds:**  Y / N  **\*Paid with Federal Funds:**  Y / N

**\*Other Funds:** \_\_\_\_\_ **\*Award Number (If applicable):** \_\_\_\_\_

**A Requesting Individual shall not participate in the approval process of any contract wherein they maintain a conflict of interest as defined by UM's Employee Conflict of Interest Policy. See UM Policy HRO.EM.300.300.**

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**Contract Approvals:**  
**Office of Contracts Management Use Only**

<b>1. Legal Review (all contracts regardless of price)</b>  Title/Name: _____  Signature: _____	Recommend Approval:  Yes: <input type="checkbox"/> No: <input type="checkbox"/>  Date: _____	Comments:
<b>2. Dean/Director/Dept. Head (\$5,000 to \$99,999)</b>  Title/Name: _____  Signature: _____	Recommend Approval:  Yes: <input type="checkbox"/> No: <input type="checkbox"/>  Date: _____	Comments:
<b>3. Vice Chancellor/Senior Leadership (\$100,000 and up)</b>  Title/Name _____  Signature: _____	Recommend Approval:  Yes: <input type="checkbox"/> No: <input type="checkbox"/>  Date: _____	Comments:
<b>4. IHL Approval (if required)</b>	IHL Approval Obtained?  Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Comments:

**A Contract Approver shall not participate in the approval process of any contract wherein they maintain a conflict of interest as defined by UM's Employee Conflict of Interest Policy. See UM Policy HRO.EM.300.300.**

**A Contract Approver shall not sign any contract unless they have been delegated contractual authority by the Chancellor. See UM policy CHA.AM.100.109**

Once the routing and approval process is complete, the Office of Contracts Management will send the Requesting Individual a copy of the fully executed contract along with a copy of the completed Contract Routing and Approval Form.

Please direct questions regarding the Contract Routing and Approval Form to the Office of Contracts Management at 662-915-7200 or [contracts@olemiss.edu](mailto:contracts@olemiss.edu).