

## OFFICE OF GENERAL COUNSEL CONTRACT ROUTING FORM

Before negotiating with a vendor for any purchase of goods or services, complete the applicable procurement process required by [CSU's Purchasing Policies](#). If you have any questions about CSU's Purchasing Policies, please contact [CSU's Purchasing Department](#).

How was the vendor selected? Initial the applicable box below indicating the selection process and attach the Purchasing Department's approval.

1	<b>Request for quotes</b> - the process to procure goods and services estimated to cost between \$10,001 - \$49,999. See <a href="#">Purchasing Policy 3344-65-05</a> .	
2	<b>Invitation to Bid</b> - the process to procure goods estimated to cost more than \$49,999. See <a href="#">Purchasing Policy 3344-65-16</a> .	
3	<b>Request for Proposals</b> – the process to procure professional services estimated to cost more than \$49,999. See <a href="#">Purchasing Policy 3344-65-16</a>	
4	<b>Cooperative purchase or State contract</b> - under <a href="#">Purchasing Policy 3344-65-06</a> . Attach the applicable contract.	
5	<b>Sole source procurement</b> - under <a href="#">Purchasing Policy 3344-65-23</a> . Attach the approved Waiver Form.	
6	<b>Emergency procurement</b> - under <a href="#">Purchasing Policy 3344-65-24</a> . Attach the approved Waiver Form.	
7	<b>No solicitation process was followed because:</b> (i) the contract is for \$10,000 or below. See <a href="#">Rule 3344-65-05</a> ; (ii) the contract is a clinical affiliation agreement; (iii) no exchange of money under the contract; or (iv) the University is the vendor. (Circle the applicable reason and initial the box.)	

CONTRACT REVIEW PROCESS not need to be reviewed for legal form (they already are.

[template](#), other than filling in the blanks, the contract must be reviewed and approved as to legal form by OGC.

**Step 1: Read your contract.** CSU departments/offices are responsible for negotiating the business terms of their contract, reading the contract before submitting for review as to legal form, and ensuring that all terms are clear, accurate and complete. [Submit](#) to [CSU Insurance/Risk Management](#) for approval

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Today's Date: \_\_\_\_\_

Completion Date Requested: \_\_\_\_\_

Please allow at least 2 weeks from your submittal. If you need your contract sooner, please specify in your email.

**I. REQUESTING UNIVERSITY DEPARTMENT/OFFICE**

1. Department/Office Name: \_\_\_\_\_

2. Contact person and title: \_\_\_\_\_

3. Contact person telephone and email: \_\_\_\_\_

**II. VENDOR/CONTRACTOR INFORMATION**

1. Vendor/Contractor Name: \_\_\_\_\_

2. Contact Person and title: \_\_\_\_\_

3. Contact person telephone: \_\_\_\_\_

4. Contact person email: \_\_\_\_\_

5. Address: \_\_\_\_\_

**III. CONTRACT DESCRIPTION**

1. Describe the goods or services that the University will receive with this contract: \_\_\_\_\_

\_\_\_\_\_.

2. Total Not-to-Exceed Contract Amount: \$ \_\_\_\_\_

3. Contract Start Date (mm/dd/yyyy): \_\_\_\_\_

4. Contract End Date (mm/dd/yyyy): \_\_\_\_\_

(No later than June 30, 2023)

5. What other departments/offices will be affected by this contract?: \_\_\_\_\_

6. Will any student information be released as a result of this contract?    Yes            No

7. Will any [University administrative data](#) be released as a result of this contract?    Yes            No    If yes,  
has proper authorization been obtained?            Yes            No

8. Specify the person in your department/office responsible for ensuring receipt of goods/services under this contract: \_\_\_\_\_





