****

**Encumbrance #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(OAF Use)*

**Vendor ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(OAF Use)*

**Contract Requisition**

**Consulting, Professional, Personal or Social Services Contract**

**Requisition Date:** Click to select date

**Contract Begin Date:** Click to select date **Contract End Date:** Click to select date

## Name of Contractor: name

**Address:** street address **City/State/Zip Code:** city, state & ZIP

**Phone Number:** phone number **Email Address:** email address

**Department:** responsible department name **Total Contract Amount:** $XXXX

**Fund: \_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_\_ Account: \_\_\_\_\_\_ Program: \_\_\_\_ Activity: \_\_\_\_ Location: \_\_\_ Amount: $\_\_\_\_\_\_\_\_**

**\* Fund: \_\_\_\_\_\_\_ Organization: \_\_\_\_\_\_ Account: \_\_\_\_\_\_ Program: \_\_\_\_ Activity: \_\_\_\_ Location: \_\_\_ Amount: $\_\_\_\_\_\_\_\_**

**\*** Use additional lines only if contract will be paid with more than one source of funding.

**Services to be rendered:** (Brief description of services to be provided by contract. *No “see attached” statements.*)

Brief description

|  |  |  |  |
| --- | --- | --- | --- |
| Is contractor a minority business? (Yes/No) | Is contractor a women’s business enterprise? (Yes/No) | Is contractor a veteran owned business?(Yes/No) | Is contractor a disabled veteran owned small entrepreneurship?(Yes/No) |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Requester Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Head / Director** (if different from Contract Requestor) **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grants Compliance Officer** (if grant related)  **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Vice Chancellor**   **Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chancellor or Designee Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contract Officer Date**