CONTRACT ROUTING SLIP
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Contact Name: __________________________________________________________

Point of Origination: _____________________________________________________
(Please fill in office, department, etc.)

Description of Letter/Document, including name of party with whom University is contracting:

(Please denote review and approval of action requested by initialing appropriate line):

Faculty/Staff: ________________________________________________________ Date____________

Dept./Division Head: _________________________________________________ Date____________

Director/Dean: _______________________________________________________ Date____________

Office of Legal Affairs: _______________________________________________ Date____________

Other: _______________________________________________________________ Date____________

(Please transmit to ____________________________ and indicate desired action):

1) For approval ______

2) For information only ______

3) Signature (document) ______

4) Signature (letters and forms) ______

________________________________________________________________________

COMMENTS: Return signed copy to:

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