

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 _____

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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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