

**CONTRACT ROUTING SLIP**  
(Please staple to material)

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please Print This Form on Blue Paper)