

GENERAL COUNSEL CONTRACT APPROVAL FORM

Requesting Department: _____

Department Contact Name: _____

Phone #: _____ E-Mail: _____

Date Submitted: _____ Deadline for Review: _____

Please attach a copy of the contract and all attachments.

Contract/ Vendor Information:

Name: _____

Contact Name: _____

Phone #: _____ E-Mail: _____

University's Financial Obligation: \$ _____

Contract Dates: Start: _____ End: _____

Contract Purpose: _____

Contract Type: _____

Has Xavier University contracted with this vendor in the past or is it a renewal or extension of a
previously approved contract? Yes No

If YES, please attach a copy of the previous agreement.

Special Concerns/Notes: _____

Office of General Counsel Use Only	
Date Submitted: _____	Reviewed By: _____
Returned with Revisions: _____	Revisions Accepted: _____
Date Approved: _____	Approved by: _____