



## OUACHITA BAPTIST UNIVERSITY

### CONTRACT APPROVAL FORM

*This routing form should be used for all Contracts/Agreements with external parties unless exempted under policy.*

Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Department: \_\_\_\_\_

\_\_\_\_\_  
(Name of the party with whom the University is contracting)

Dates of contract: \_\_\_\_\_ to \_\_\_\_\_

Amount of contract: \$ \_\_\_\_\_

If the University is receiving services/goods, what is the funding source to pay for the services/goods?

The following have reviewed this contract:

\_\_\_\_\_  
Department Chair/Unit Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President or designee

\_\_\_\_\_  
Date

Approval:

\_\_\_\_\_  
Legal Counsel (if requested)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Date