

Columbia State Community College Contract Approval Form

Instructions: Attach this form to all contracts. Include three (3) originals of all contracts. Check all items listed below that apply, then route to the appropriate Vice President for approval. If the contract is not approved as it moves through the process, it will be returned to the last approving party with notes of concern for resolution of issues.

To Be Completed by Contract Originator

Name of Contracting Party _____	
Short Description/Reason for Contract _____	

Obligations of Institution _____	

Obligations of Contracting Party _____	

____ 1. The contract requires the expenditure of funds from fund/organization no. _____ in the amount of \$ _____.	
____ 2. Funds are being received from the contract in the amount of \$ _____.	
____ 3. No funds are involved in the execution of the contract.	
_____ Signature	_____ Date

To Be Completed by Appropriate Vice President

I have reviewed the attached contract: It is consistent with the mission and operational, curricular, and or student needs or requirements. I recommend it to the President for signature.	
_____ Signature	_____ Date

To Be Completed by Business Manager

I have reviewed the attached contract: It is in compliance with TBR Contract Guideline G-030 and funds are available to fulfill the contract. Based on these criteria, I recommend it to the President for signature.	
_____ Signature	_____ Date

When approved return to _____

President's Approval