

Mississippi University for Women

Contract Review Form

(1/2019)

Today's Date: _____

Title of Contract: _____

Outside Agency: _____

Originating Department: _____

Check for ITS related contracts (software, equipment, service)*

MUW Box #: _____

Check for no amount

Check for multiple signature pages

Amount of Contract: \$ _____

(Please visibly tab all pages that need signing)

1. The attached contract is recommended for approval. Please return no later than _____.

Dean _____

Date _____

Department Head _____

Date _____

Comments: _____

2. Recommend approval/disapproval

Supervising President Cabinet Member _____

Date _____

Comments: _____

3. Recommend approval/disapproval

University Counsel _____

Date _____

Comments: _____

4. Recommend approval/disapproval *(for ITS related contracts only)

Chief Information Officer _____

Date _____

Comments: _____

5. Recommend approval/disapproval

Vice President for Administration/CFO _____

Date _____

Comments: _____

6. Recommend approval/disapproval

University President _____

Date _____

Comments: _____