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| NAU_PrimH_K_S | CONTRACTING AND PURCHASING SERVICESCONTRACT SIGNATURE REQUEST FORM |
| sEND FORM AND CONTRACT TO Purchasing ServicesATT: Angela Helmer, BOX 4124, OR FAX 523-1343 OR EMAIL: NAU-Contracts@nau.edu |
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**Please allow adequate time for negotiation and processing.**

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| **CONTRACT INFORMATION** |
| Name of Firm on Contract:  | Is the vendor an NAU employee or is the vendor owned by an NAU employee? Yes [ ]  No [ ]  |
| Firm Contact Name:       Phone:       Fax:       Email       |
| Firm Address:       City:      , State:       Zip:       |
| Description of Contract:       |
| Start Date:       | End Date:       | Term:       | Amount (if applicable):       |
| Comments:      \* |
| Contract Type: [ ]  Hotel [ ]  Software [ ]  Facility Use (classrooms, events) [ ]  Lease [ ]  IGA [ ]  Other (describe):       \* For software contracts, complete and include with this form, a completed [Software Contracts Insurance Requirements Form.](http://nau.edu/Contracting-Purchasing-Services/Contracting/_Forms/Software-Contracts-Insurance-Requirements/)  |
| I would like to: [ ]  pick up contract in Purchasing and return to firm myself, [ ]  have Purchasing Email contract to me so I can send to the firm **or** [ ]  have Purchasing send contract to firm. |

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| **DEPARTMENT INFORMATION** |
| Department Name:       | Contact Name:       |
| Phone:       | Fax:       | Email:       | Box:       |
| All requests for signature must include the method of payment. Please provide the RQS or PD number or indicate payment by P-Card. | RQS/PD #:      (circle one) | P-Card Payment [ ] No Payment Required [ ]  |
| Responsible Departmental Representative:      (The departmental representative that is responsible to administer the contract according to the terms and conditions)Title:      I have read the contract and have completed all of the required information. The description of the goods and services to be provided to the University is accurate and complete. I understand all provisions of the contract, including the University's obligations, and am able to and will administer per the terms and conditions of the contract and any applicable university policies. I have obtained all approvals necessary to enter into this contract.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Responsible Departmental Representative Date[ ]  I would like Purchasing to send me a fully executed copy of the contract. |

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| **PURCHASING USE ONLY** |
| Date Received:  | Date Distributed: | Distributed by:  |
| Distributed to:  | Method of Distribution: |