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| NAU_PrimH_K_S | CONTRACTING AND PURCHASING SERVICESCONTRACT SIGNATURE REQUEST FORM |
| sEND FORM AND CONTRACT TO Purchasing Services  ATT: Angela Helmer, BOX 4124, OR FAX 523-1343 OR EMAIL: [NAU-Contracts@nau.edu](mailto: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: | |