CONTRACT REVIEW SHEET

B&F INTERNAL USE ONLY
LOGIN:
LOGOUT:
WSU C#:

- *Refer to BPPM 10.11.3 for instructions.*
- *Complete this sheet for all contracts except for purchasing agreements, sponsored project agreements, and personal services contracts.*
- *Enclose enough contract copies for the number of parties plus one.*

Washington State University
Office of Business and Finance
Pullman, WA 99164-1045
509-335-2252

UNIT CONTACT NAME	CONTACT TELEPHONE	UNIT	MAIL CODE	DATE
THIS IS A CONTRACT WITH: (name/address/telephone/e-mail address)				
PURPOSE OF CONTRACT				

THE CONTRACT IS A: ☐ NEW CONTRACT ☐ RENEWAL OF EXISTING CONTRACT (Attach copy of existing contract) ☐ AMENDMENT TO EXISTING CONTRACT (Attach copy of existing contract)

CONTRACT TERMS:

START DATE	END DATE	RENEWAL DATE (if any) FROM: TO:	PAYMENT DUE DATE
PAYMENT PERIOD	NO. OF PAYMENTS	AMOUNT PER PERIOD	TOTAL AMOUNT

CONTRACT FACILITIES: ☐ WSU, STATE, OR PUBLIC FACILITIES ☐ NON-STATE OR NON-PUBLIC FACILITIES (Attach written justification approved by responsible dean, director, chair or higher. See SAAM 10.10.55.)

IMPACT ON UNIVERSITY RESOURCES (Check and describe all that apply)

	DESCRIPTION	COST TO UNIVERSITY	REVENUE TO UNIVERSITY
☐ DOLLARS			
☐ EQUIPMENT			
☐ PERSONNEL			
☐ PROPERTY			
☐ INTERN/EXTERN			
☐ OTHER			
	Enter the account numbers of the University accounts supporting contract costs and/or receiving revenue.	BUDGET/PROJECT NUMBER	BUDGET/PROJECT NUMBER

REVIEW

WSU UNITS AFFECTED BY CONTRACT (All affected units should review contract. Attach additional sheets as needed.)	
UNIT NAME	REVIEWING OFFICIAL FROM UNIT/ SIGNATURE

CERTIFICATION OF APPROVING PARTIES:

I have read this contract entirely. I am satisfied with its description of what is to be provided to the University. I am also satisfied with the description of the University's obligations and all other provisions of this contract, except as noted in any attached memorandum.

☐ CHECK IF MEMORANDUM IS ATTACHED.

EXPENDITURE AUTHORITY NAME/TITLE	SIGNATURE OF EXPENDITURE AUTHORITY	DATE
DEAN, DIRECTOR, CHAIR, OR HIGHER NAME/TITLE	SIGNATURE OF DEAN, DIRECTOR, CHAIR, OR HIGHER	DATE