

AGREEMENT/CONTRACT (A/C) TRANSMITTAL FORM

Vendor/Other Party Name	Business Location (City & State)	Time Period A/C is in Effect	Description of Goods/Services (if amendment, also include amendment number, first, second, third, etc.)	Amount	Budget Code

Budget/Purchasing Office Use Only:

- 1.) Initiating Department Manager Name & Title: _____ Signature: _____ Date: _____
- 2.) Email A/C to General Counsel for review and approval of the A/C and insurance requirements. Print reply email approving A/C and insurance requirements to include in packet.
- 3.) Submit the following items with the A/C Transmittal Form as a complete packet (incomplete packet will delay processing):

Checklist:

- _____ Original A/C transmittal form (all fields must be completed)
- _____ Copy of the board report (required for all agreements over \$95,200)
- _____ **TWO (2)** originals of the A/C signed by the vendor
- _____ Printed email of approval from General Counsel
- _____ **Req. No.** _____ (leave blank if revenue generating) include copy of Galaxy requisition
- _____ Certificate of Insurance from vendor **OR** _____ Certificate of Insurance from vendor NOT required per email from General Counsel
- _____ A/C reviewed by Functional Vice President (for college) or Dept. Administrator (for district) Initial: _____ Date: _____

For College A/C's UNDER \$95,200

- 4.) College Vice President (VP) of Business Services must review the attached A/C for appropriateness.
College VPSignature: _____ Date: _____ ~ VP forward to President's Office for A/C Signature
- 5.) President's Office: After signing A/C, route complete packet, including both fully executed A/C's to Budget Office for review/verification of funds. Initial: _____
- 6.) Budget Analyst Initial: _____ Date: _____ ~ Route to Purchasing

For College A/C's OVER \$95,200

- 4.) College Vice President (VP) of Business Services must review the attached A/C for appropriateness.
College VPSignature: _____ Date: _____ ~ VP forward to Budget Office
- 5.) Budget Analyst Initial: _____ Date: _____
- 6.) Route to Vice Chancellor, Business & Financial Services for A/C signature. Initial: _____ Date: _____ ~ Route to Purchasing

For District A/C's

- 4.) Initiating Department Administrator must review the attached A/C for appropriateness.
Dept. Administrator Signature: _____ Date: _____ ~ Dept. Administrator forward to Budget Office
- 5.) Budget Analyst Initial: _____ Date: _____
- 6.) Route to Vice Chancellor, Business & Financial Services for A/C signature. Initial: _____ Date: _____ ~ Route to Purchasing

RETURN Completed A/C to (Name): _____ **Dept.** _____ **College/Location:** _____