

# Office of General Counsel Contract Approval Cover Sheet

Remit Contract Approval Cover Sheet along with original contract, work-copy, exhibits, riders, invoice, certificate of insurance, license/permit, and Form W-9 (if applicable), in a timely manner to allow General Counsel a **10-day** review/approval process.

E-mail to: Brenda Williams, Legal Executive Assistant (bwilliams@lynn.edu)

Submitted by:	<input type="text"/>	Date Submitted:	<input type="text"/>
Department:	<input type="text"/>		
Phone number	<input type="text"/>	E-mail address	<input type="text"/>

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The fields below require completion, as appropriate. An incomplete field(s) will cause the form to be returned to the submitter, whereby, causing a delay.

## Vendor / Service Provider / Other Party Information:

Full, legal name:	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>	Zip Code:	<input type="text"/>
Contact:	<input type="text"/>	Phone #:	<input type="text"/>
E-mail:	<input type="text"/>		
Contract Dates:	Start: <input type="text"/>	End:	<input type="text"/>
Contract Type:	<input type="text"/>		
Does contract require University to provide Certificate of Insurance to contractor/vendor?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

(If Yes, please attach contractor/vendor's insurance limit requirements.)

Briefly explain purpose of the contract and/or services being provided:

Has University contracted with this vendor in the past? Yes  No

Contracted Amount: \$

**DEAN OR DEPARTMENT CHAIR, AND VP APPROVAL:**

I certify that I have read and understand the terms of this draft agreement and have appropriate authority to submit this draft agreement on behalf of my department. I further certify that the draft agreement is complete and includes all attachments and pages.

**Dean or Department Chair**

Signature:  Date:

Name:

Title:

**Procurement**

Signature:  Date:

Name:

Title:

**VP**

Signed:  Date:

Name:

Title:

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**OGC use only:**

Form W-9	<input type="checkbox"/>	GL	<input type="checkbox"/>	Worker's Comp	<input type="checkbox"/>
License/Permit	<input type="checkbox"/>	Auto	<input type="checkbox"/>	Invoice	<input type="checkbox"/>

COMMENTS:

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