

CONTRACT REVIEW AND APPROVAL FORM

HOCKING COLLEGE

Vendor Name:

Date Contract Submitted for Review:

Business Purpose of Contract:

Vendor Contact Info (Rep Name &:
email/phone):

Funding Source:

Total Payment Amount for Entire:
Contract:

Payment Schedule: Monthly Quarterly Annually Other

Prepayment required: Yes No Describe:

Start Date of Contract: End Date:

Options for renewals included in:
contract: Yes No Describe:

Payment method: P-Card Purchase Order Other

Will the College receive confidential:
information from Vendor: Yes No Describe:

College responsible for reimbursement:
of Travel/Expenses: Yes No Describe:

Does the College have past:
agreements with this Vendor: Yes No Describe:

Proposed deadline for completing:
contract:

Additional Comments:

Mark any types of data that will be entered or stored in the vendor's system:

Student medical records:

Patient records:

Student academic records:

Personal/confidential information:
(SSNs, Bank info, etc.): Describe:

Reviewed & Approved by:

Employee:

Division Vice President/Cabinet Member:

Fiscal Office/Treasurer:

Legal Counsel:

President: