

# University of Houston Victoria

## CONTRACT COVER SHEET

Revised November 2007

**Instructions:** This contract coversheet is required for all non-standard vendor contracts and consulting agreements (regardless of dollar amount and source of funds) and all standard contracts over \$3,000. If you have any questions, contact Business Services [motals@uhv.edu](mailto:motals@uhv.edu) or call x-826.

### Originating Department Information

1. UHV Department \_\_\_\_\_ Date \_\_\_\_\_
2. Department Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_
3. Cost Center (Fund, Dept, Prog, Proj, SpeedType) \_\_\_\_\_ Account \_\_\_\_\_  
Amount \_\_\_\_\_ Signature Authority/Title \_\_\_\_\_
4. Cost Center (Fund, Dept, Prog, Proj, SpeedType) \_\_\_\_\_ Account \_\_\_\_\_  
Amount \_\_\_\_\_ Signature Authority/Title \_\_\_\_\_
5. Department official authorized to execute this contract-Name/Title \_\_\_\_\_
6. Who will monitor this contract after executed-Name/Title \_\_\_\_\_

### Contractor/Vendor Information

1. Contractor/Vendor \_\_\_\_\_ Contact Name \_\_\_\_\_
2. Address, City, State, Zip \_\_\_\_\_
3. Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_
4. **Yes**  **No**  Has vendor been set up in PeopleSoft? PS ID# \_\_\_\_\_ If **No**, send [vendor form](#).

### Contract Information (Use separate sheet or comment section if necessary)

1. Detailed Scope of Work:

1a. Purpose/Benefit Statement:

2. Contract Term - (Allow [time](#) to process) Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_
3. Contract Amount - Services \$ \_\_\_\_\_ Reimbursable \$ \_\_\_\_\_ Total Contract \$ \_\_\_\_\_
4. Payment Schedule:  Standard 10 days upon completion of services  Other (describe) \_\_\_\_\_  
(Payments in advance prohibited unless exception applies, see <http://www.uhv.edu/purchasing/AdvancedPayments.asp>)
5. **Yes**  **No**  Was the contractor an employee of UHS during the past 12 months?
6. **Yes**  **No**  Is the contractor known to be related to anyone in the department? (Related party/conflict of interest)
7. **Yes**  **No**  Has the vendor provided their own contract form? If **Yes**, two original copies of contract must be completed (but not signed) and included with this cover sheet. Legal review required.
8. **Yes**  **No**  Does this contract involve Consulting Services? If yes, complete Consultant certification, [http://www.uhv.edu/Business/Forms/Consultant\\_Certification.pdf](http://www.uhv.edu/Business/Forms/Consultant_Certification.pdf)
9. **Yes**  **No**  Does the contract provide for extensions or renewals? If **YES**, how many \_\_\_\_\_. Including extensions and renewals what is the estimated total value of the contract \$ \_\_\_\_\_.
10. **Yes**  **No**  Is this revenue generating contract?

### Additional Comments:

**Business Services Use:** Contract # Assigned: \_\_\_\_\_ Date Received: \_\_\_\_\_