



Contract Routing Document
Please attach to Contract/Review Materials

Contact Name: _____ Banner Requisition #: _____

Originating Department: _____
(Please fill in department, office, etc.)

Description of Document/Letter, include name of party/vendor with whom the College is intending to contract: _____

Check department/note individual to review contract. Reviewer: Denote review and approval by initialing & dating the appropriate line.

Faculty/Staff: _____ Initial: _____ Date: _____

Director: _____ Initial: _____ Date: _____

Dean/Dept. Head: _____ Initial: _____ Date: _____

Vice President: _____ Initial: _____ Date: _____

President: _____ Initial: _____ Date: _____

CCRI Legal Counsel: _____ Initial: _____ Date: _____

Information Technology: _____ Initial: _____ Date: _____

Purchasing: _____ Initial: _____ Date: _____

Controller's Office: _____ Initial: _____ Date: _____

Final Routing

This section should be completed by the document originator once the contract has been reviewed/initialed by all interested parties listed above.

Please forward to _____ and indicate desired action:

For approval

For information only

Signature (document)

Signature (letters/forms)

Return signed copy/copies to: _____