

**\*Note: Contract review & negotiation requires a minimum of 8 weeks. This time may vary according to contract complexity.**



COMMUNITY COLLEGE  
OF RHODE ISLAND

**Contract & Vendor Risk Assessment Routing Document**

Please attach to Contract/Review Materials

Contact Name: \_\_\_\_\_ Banner Requisition #: \_\_\_\_\_

Contract Owner (Originating Department): \_\_\_\_\_  
(Please fill in department, office, etc.)

Product/Service Contract Title: \_\_\_\_\_

Description of Product/Service & Why P/S is Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- |  |                |             |
|--|----------------|-------------|
| <input type="checkbox"/> Faculty/Staff: _____          | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Director: _____               | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Dean/Dept. Head: _____        | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Vice President: _____         | Initial: _____ | Date: _____ |
| <input type="checkbox"/> President: _____              | Initial: _____ | Date: _____ |
| <input type="checkbox"/> CCRI Legal Counsel: _____     | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Information Technology: _____ | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Purchasing: _____             | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Controller's Office: _____    | Initial: _____ | Date: _____ |
| <input type="checkbox"/> Physical Plant: _____         | Initial: _____ | Date: _____ |

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**Final Routing**

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

Please forward to \_\_\_\_\_ and indicate desired action:

- |   |  |
|---|--|
| <input type="checkbox"/> For approval         | <input type="checkbox"/> Signature (document)      |
| <input type="checkbox"/> For information only | <input type="checkbox"/> Signature (letters/forms) |

Return signed copy/copies to: \_\_\_\_\_