

Appendix I

Contract Routing Form

I. Contract Information

Description: _____

Contract Initiator: _____ Date Submitted: _____

Department: _____ Funding Account: _____

Depart. Admin: _____ ePro Req/PO #: _____

Supplier: _____ Amount: \$ _____

Term: _____

Type of Contract:

Initial Contract	Renewal	Amendment	One-Time Event
Fed Grant Funded	System Office	System Wide	State Wide

Background Checks: Specify what area the supplier will have regular interaction with.

***By signing below, the Dept./Budget Manager confirms the Background Checks information is accurate.*

	YES	NO		YES	NO
Students			Monies		
Employees			Sensitive/Confidential Data		
Minors			Facilities		

If Background Checks aren't required, provide explanation: _____

II. Approval Signatures

**Dept./Budget Manager: _____ Date: _____

Procurement: _____ Date: _____

Legal: _____ Date: _____

Chief Business Officer: _____ Date: _____

President: _____ Date: _____

PROCUREMENT USE ONLY

III. Routing Checklist

- Approved & valid purchase requisition
- SWC/SPD Posting (required for purchases \$25,000 & greater) # _____
- Immigration Affidavit (for services \$2,500 & greater)
- Tax Compliance approved by DOR (required for purchases \$100,000 and greater)
- Compliant with Georgia Procurement Manual (GPCM)
- Supplier has signed final version
- All blanks on contract have been filled in
- Revisions have been initiated by supplier
- Previous amendments/renewals are attached
- Draft mark-up attached for final review
- Scope of work has been thoroughly reviewed
- Background Checks required: **YES** **NO**

**If YES, provide section in contract of background language*

IV. Notes

