

Contract Cover Sheet and Routing Form – P&C July 2023

Department: _____ Original Contract # if Applicable: _____

Contract Owner (CO): _____ Vendor Name: _____

CO Email: _____

Send Signed Contract to (Provide Email): _____

Brief Description of Consulting/Contract Services:

Is the Vendor a resident of another country? Yes ___ No ___

Does the contract use Federal Fund? Yes ___ No ___

Is a contract renewal notice required? Yes ___ No ___

How many days prior to Contract end? 60 ___ 90 ___ 120 ___

Term of Contract: Start Date _____

End Date _____

Total Anticipated Cost: _____

Anticipated Revenue: _____

Funding Source (Optional) _____

By signing below, I certify that I am not aware of any conflict of interest, as defined by MSU Policy 60-416 and other applicable Mississippi law, resulting from entering into this contract. Specifically, I do not have and am not aware of any other person involved in the solicitation, selection, or approval of this contract who has (1) an association with or a material financial interest in the contracting company or other companies associated with the contract; (2) a relative (including spouse or parent, child, or sibling (or spouse of any of those persons) with an association with or a material financial interest in the contracting company or in other companies associated with this contract; or (3) any negotiations related to prospective employment with the bidding company.

All required approvers and the Contract Owner must take and pass the online training found here: <http://learning.hrm.msstate.edu>. Under My Community tab, click on Learning Library, choose "Contract Management Training"

Approvals:	Amount	Name (Printed or Typed)	Signature	Date
Optional Reviewer	N/A	_____	_____	_____
Contract Owner	ALL	_____	_____	_____
Department Head/ Director	ALL	_____	_____	_____
Vice President	Over \$75k	_____	_____	_____

The following is for Procurement & Contracts internal use only:

Test Results: Contract Owner _____ Department Head/Director _____ Provost/VP _____

Contract Number _____ Date Received _____ Reviewed By _____

Contract Type: _____ Comments: _____

IHL Approval Required _____ IHL Approval Received/Date _____ Send to IHL when Complete _____

Complete _____ Waiting on Vendor Initials _____ Waiting on Vendor Signature _____