

CONTRACT ROUTING FORM

College of Applied and Natural Sciences Louisiana Tech University

This form is designed for use in routing contracts with facilities that provide educational experiences for our students and for professional services. These contracts include those with hospitals who serve dietetics, health information management, medical technology, and nursing, as well as other facilities.

| Name of Person Initiating the Routing Process Name of Academic Unit Name of Academic Program Account used to pay contract Other Party (on contract) Purpose of contract or work to be performed or services offered | | | |
|--|------|--|--|
| | | In Section "Contract" Be it known that on this | |
| | | Amount of Contract \$ Acc | ount used to pay contract: |
| | | Beginning Date of Contract Ending Date of Contract | |
| | | The attached is (check one) New Contract Previously approved contract that has NOT be Previously approved contract that has been m | |
| | | The attached document has been reviewed and ag | oproval is recommended by the following: |
| Department Head | Date | | |
| Dean | Date | | |
| Appropriate Vice President | Date | | |
| Finance & Admin. Vice President | Date | | |
| Once the contract is approved by the Administrative S | · | | |

routing process.

Note: It is suggested that a minimum of three original copies of contract be prepared. One for the "Other Party" and two for the initiating Department.