

OGC when no changes are made) <

Date: Contract St

Agreement Name:

Vendor (Company) @Y[ U Name:

Requesting Information:

Requesting Department (what Department is requesting this?):

Contract Initiator (who should be communicating about this contract?):

Start Date:

Contract End Date:

Please provide the following information about the point of contact at the vendor / counterparty:

- Vendor/ & T (Title):
- Vendor/Counterparty Email:
- Vendor/Counterparty Phone:
- Vendor/Counterparty Authorized Signer's Name:
- Vendor/Counterparty Authorized Signer's Email:

Supervisor Approval (the agreement will be routed to you Supervisor and Dean/Vice President for approval before signature):

Contract Monitor Name

Department Head Name:

Dean Name:

Vice President Name:

AGREEMENT H5A 9F 5'65F 8 9B K 9FD9F

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact the CZWcZ; YbYU 7ci bgY at Y[ U@ ung.edu or +S\*, \*+!() +("