

CONTRACT ROUTING ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, \_\_\_\_\_ from \_\_\_\_\_ grant  
Full Name Title Department  
 authority to the Contracting Department to upload the following contract on behalf of the department into the contracting database and begin formal reviews and execution:

**VENDOR INFORMATION**

Company's Legal Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Contact Department: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**FUNDING INFORMATION**

Funding Category:

- Expense
- Revenue
- Affiliation
- Patient Billing System
- Other: \_\_\_\_\_

If Revenue		If Expense	
Year 1	\$	Year 1	\$
Year 2	\$	Year 2	\$
Year 3	\$	Year 3	\$
Year 4	\$	Year 4	\$
Year 5	\$	Year 5	\$
Year 6	\$	Year 6	\$
Year 7	\$	Year 7	\$

**CONTRACT TERMS**

Statement of Purpose:

Anticipated Effective Date: \_\_\_\_\_

Term: \_\_\_\_\_ Months \_\_\_\_\_ Years Other: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Patient Health Information Shared? \_\_\_\_\_

**Department Review**

I further acknowledge in granting this authority that I retain full responsibility and attest to the following:

\_\_\_\_\_ I have reviewed the contract document(s) and recommend executing the attached document(s) as written.  
Initial Here

\_\_\_\_\_ I can confirm that we have available resources to fulfill all of the obligations contained in this agreement or contract, and it is within the mission of this department or area of responsibility.  
Initial Here

\_\_\_\_\_ I feel this agreement or contract is a proper activity to enter into, that it will be beneficial to TTUHSC El Paso, and it complies with the policies of the Board of Regents and TTUHSC El Paso. [The policies cited here are HSC OP 54.01 -54.02 - 54.04 and Board of Regents' Rules 07.12].  
Initial Here

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date