

University of Houston Clear Lake

Revenue Contract Coversheet and Approval Form

General Information

UHCL Department: _____
 Contact Person: _____ Title: _____
 Campus Mail Code: _____ Telephone: _____ Email: _____
 Business Coordinator: _____
 Campus Mail Code: _____ Telephone: _____ Email: _____

Summary of Contract Terms

Contractor Name: _____
 Federal Tax ID: _____ Contractor Contact Person: _____
 Contractor Address: _____
 Contractor Phone: _____ Contractor Email: _____
 Contract Description: _____
Provide a clear synopsis of the services/events/etc. that will result by entering into this agreement.
 Contract Term: Start _____ End _____
 Total Amount of Contract: \$ _____

Source of Funds (If multiple cost centers are being utilized, please attach a supplemental page listing the appropriate codes.)

Revenue Cost Center: Fund _____ Dept ID _____ Prog _____ Proj _____ Acct _____ Amt \$ _____
 Official Authorized to Sign _____
Identify by name and title, the official authorized to sign the contract on behalf of the University of Houston System pursuant to SAM, and Board Policies – NOTE the OGC must have a delegation of signature authority on file. (Name & Title)

Certification of University Employee(s) With Responsibility for Ensuring Contract Terms and Conditions are Met

I have read this contract entirely. I am satisfied with its description of the goods and/or services to be provided to the University (including, for example, warranties, delivery terms, acceptance period, and maintenance terms). I am also satisfied with the description of the University's obligations (including, for example, scope of work, payment due dates, late charges, tax, charges, insurance, and confidentiality requirements) and all other provisions of this contract, except as noted in any attached memorandum. **A memorandum ___ is, ___ is not, (select one) attached. I acknowledge responsibility to ensure that all good faith efforts are employed in seeing that all terms, conditions and responsibilities of the contract are met.**

Name: _____ Signature: _____ Date: _____
(Dean, Department Head or designee of area originating contract who certifies that the requirements listed on agreement are to be met)
 Title _____

Name: _____ Signature: _____ Date: _____
(UHCL Contract Administration)
 Title _____

Name: _____ Signature: _____ Date: _____
(Associate Vice President, Finance or Director, General Accounting)
 Title _____

Name: _____ Signature: _____ Date: _____
(UH Tax Director)
 Title _____