

OGC when no changes are made)

Date: Contract St

Agreement Name:

Vendor (Company) @Y[U Name:

Requesting Information:

Requesting Department (what Department is requesting?):

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:

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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*. *+!()+(