

UNIVERSITY of HOUSTON



Contract Coversheet and Approval Form

Office of Contract Administration
311 E. Cullen Houston • TX 77204-5010 • Phone (713) 743-5654

General Information

UHS/UH Department:
Contact Person:
Campus Mail Code:
Business Administrator:
Campus Mail Code:
Title:
Telephone:
Email:
Title:
Email:

Summary of Contract Terms

Contract with:
Federal Tax ID:
Contractor Address:
Contractor Phone:
Contract Description:
Contract Term:
Total Amount of Contract:

Source of Funds

Expense Cost Center:
Revenue Cost Center:
Fund
Dept ID
Prog
Proj
Acct
Amt \$

Official Authorized to Sign:

Identify who will sign contract on behalf of the University of Houston System pursuant to MAPP, SAM, and Board Policies – NOTE the OGC must have a delegation of signature authority on file. (Name & Title)

Certifications

Complete all requirements and initial (only if applicable) indicating compliance before submitting the agreement and required supporting documentation to the Office of Contract Administration.

Responsibility
Original Contracts and Signatures
Complete Contract Package and Dept. Acceptance
Contracting Party
Competitive Bid
Consulting and Professional Services Contracts
Standard Form of Agreement

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 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:
(Originator of contract who certifies that the requirements listed above have been met)

Title

Name:
Signature:
Date:
(Official with delegated authority to enter into contracts on behalf of the University)

Title

Note: Modification of this Form requires approval of OGC