



AUGUSTA UNIVERSITY

Office of Legal Affairs

CONTRACT ROUTING AND APPROVAL FORM

Please complete this form and obtain all necessary approvals and signatures in boxes 1 – 3. ATTACH ORIGINAL CONTRACT in MS Word format (with all accompanying exhibits, attachments, and all other documents incorporated by reference in the contract) to this completed Form before submitting the package to the Office of Legal Affairs. Also see link to [Presidential Delegation of Contract Signatory Authority](#)

1. GENERAL INFORMATION

Type of Contract / Agreement: Click or tap here to enter text.	Dollar Amount of Contract/Agreement: Click or tap here to enter text.
Project/Contract/Agreement Title: Click or tap here to enter text.	
Contract Period Start Date: Click or tap here to enter text.	Contract Period End Date: Click or tap here to enter text.
Other Contracting Party (i.e. who are we making an agreement with?) Click or tap here to enter text.	
Is the Other Contracting Party a Foreign Entity? Choose an item.	
Will this contract/agreement be managed by Sponsored Programs Administration (DSPA)? Choose an item.	
If unknown , please complete the Contract and Agreement Routing Checklist	
Augusta University Contact Person For Contract/Agreement:	
Name: Click or tap here to enter text.	Phone: Click or tap here to enter text.
Title: Click or tap here to enter text.	Email: Click or tap here to enter text.
College/School/Center/Institute/Division: Click or tap here to enter text.	Department: Click or tap here to enter text.

2. ROUTING AND APPROVALS

Review by other AU Departments/Offices/Units (if appropriate): I have reviewed the attached contract and [check one](#)

Review by Office of Controller (for non-DSPA revenue producing contracts): have no objections, have certain concerns as set forth here: [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

(Name and Title) _____ (Signature) _____ (Date) _____ (Phone) _____

Review by DSPA (for sponsored agreements): have no objections, have certain concerns [check one](#) as set forth here: [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

(Name and Title) _____ (Signature) _____ (Date) _____ (Phone) _____

Review by the IT Office (for contracts impacting information technology):

have no objections, have certain concerns [check one](#) as set forth here: [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

(Name and Title) _____ (Signature) _____ (Date) _____ (Phone) _____

Review by the Enterprise Privacy Officer (for contracts involving Protected Health Information including business associate agreements): have no objections, have certain concerns [check one](#) as set forth here: [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

(Name and Title) _____ (Signature) _____ (Date) _____ (Phone) _____

Review by [Click or tap here to enter text.](#) [other Augusta University office]: have no objections, have certain concerns [check one](#) as set forth here: [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

(Name and Title) _____ (Signature) _____ (Date) _____ (Phone) _____

