	<u> </u>			<b>A</b>			
		CONTRACT REVIEW FORM			OGC USE ONLY		
			CE OF GENERAL COUNSEL		Contract No		
	(FORM FOR INTERNAL USE ONLY DO NOT FORWARD OUTSIDE RWU)						
RWU Submitter		· · · ·			_ Alcohol Approval Form Required:		
Name:			Fel Ext:				
				-	Date		
School/Office/R	oom#:				Submitted:		
Vendor Name:	1						
Brief Descriptio Services to be P							
Have we contracted vendor before?	d with this Yes	No 🗌 Unknown 🛛 If ye	s, how:				
lf vendor is an indiv in any other capaci	vidual, is he/she retaine ty at RWU? 🛛 Yes	d If ye No 🗍 Unknown	s, how:				
		Has the submitting school/office Yes		<b>Requested Time Frame for Review:</b>			
		reviewed and approved the business terms of the contract?*			URGENT (5-10 bus. days)		
Contract \$	lf no, wh	•		ROUTINE	(11-15 bus. days)		
	electron	ntract available ically in 't Word format?		FOR PRIORITY ( CONTACT OGC	CONRACT REVIEW, PLEASE AT X5379		
CONTRACT. BUSI TERM, AND DEL	NESS TERMS INCLU	DE, BUT ARE NOT LIMITE ATTORNEYS ARE AVAI	D TO, SERV	ICES TO BE P	E BUSINESS TERMS OF THE ROVIDED, FEES, PAYMENT EGARDING NEGOTIATING,		
Submitter Signature:				Date:			
Dept. Head Apj	proval:		Date:				
Following approval by the Office of General Counsel, the contract will be sent to the Finance Office for signature and returned to OGC for processing. The signed contract will then be returned to the submitter named above. LEGAL REVIEW (DO NOT WRITE BELOW - FOR OFFICE OF GENERAL COUNSEL USE ONLY)							
DATE RECV'D:	ATTORNEY:	STAMP SIGNATURE:		NANCE FOR	DATE CONTRACT		
	RAN OTHER		SIGNATUR	:	<b>RETURNED TO SUBMITTER:</b>		
Yes No Approved for Independent Contractor Classification (No Employee or Independent Contractor Classification Form Required)							
					(Updated 03/04/2016)		