

**Contract Approval Form for Dual Service Agreements  
Austin Peay State University**

**THIS FORM MUST BE PRINTED ON PURPLE PAPER**

DSA's requiring the President's signature are reviewed by the University Attorney prior to President's approval.

***IT WILL NOT BE REVIEWED WITHOUT THIS FORM***

Attach this form to any Dual Service Agreement (DSA) that requires an APSU representative's signature.

**Name of Person whose services are employed:**

**Phone # & email address of person employed:**

**Name of State Entity:**

Place a check for the type of agreement attached, include the FOAP & the maximum amount of the agreement.

For help with your FOAP call Accounting Services X7694

**FOAP**

**Amount**

APSU Dual Service Agreement:

State Entity's Agreement:

***\*\*\*For All Dual Services using an APSU Agreement follow instructions below\*\*\****

**Step 1** - Send at least two copies of the Agreement to the State Entity for signature.

**If the DSA is over \$2,499.99 you must send three (3) copies of the DSA out for signature and Commissioner Mark Emkes, TN Finance & Administration's (F&A) signature is required.**

**Step 2**- Once DSA is received with signature(s) send to University Attorney for signature

**Step 3**- When you receive the DSA back from the University Attorney send an original to state entity

**Step 4** - If over \$2,499.99 you must send one original to TN Finance and Administration for their file.  
Commissioner Mark Emkes, TN Finance & Admin, 312 Rosa Parks Avenue, Nashville, TN 37243

**Step 5** - Keep a copy for your files.

***Double check all Agreements for accuracy before submitting to the Office of the University Attorney***

**\*REQUIRED SIGNATURES (prior to APSU's President or the University Attorney's signature)**

Signature fields with an asterisk \* are required; forms w/missing signatures will be sent back to the department **without** being processed. No exceptions! A name, email, and phone # are required for the Originator.

Contract Originator (must be employed by APSU) - **Print Name - Department - Email - Phone # (must complete all)**

Date

\_\_\_\_\_  
\*Departments Dean (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grants & Sponsored Programs (when applicable)

\_\_\_\_\_  
\*Departments Vice President (signature)

\_\_\_\_\_  
Date

***Number of Agreements Submitted***

*APSU Form 008*

*Previous versions obsolete*

*For use beginning 05/04/2012*