



**PACIFIC LUTHERAN  
UNIVERSITY**  
**Contract Review and Approval Form**

**PLU** Department: \_\_\_\_\_  
Point of Contact: \_\_\_\_\_  
\_\_\_\_\_

**Vendor Information** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Point of Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_

**Contract Information** Initial Cost: \$ \_\_\_\_\_ Notes: source of funds  
(FOAP, grant, etc)  
Annual Cost: \$ \_\_\_\_\_  
Contract Effective Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Contract Term: \_\_\_\_\_  
Is the whole cost covered by department budget? Yes ☐ No ☐  
Does this contract replace an existing contract? Yes ☐ No ☐

All signatures should be obtained in the order listed below.

**APPROVED BY**

**Approval/Review** \_\_\_\_\_ Department Chair/Director \_\_\_\_\_ / /  
\_\_\_\_\_ Dean/Assoc. VP/Assoc. Provost \_\_\_\_\_ / /  
\_\_\_\_\_ Division VP or Provost \_\_\_\_\_ / /

**REVIEWED BY**

\_\_\_\_\_ Finance and Administration \_\_\_\_\_ / /  
\_\_\_\_\_ Director, Risk Management \_\_\_\_\_  
\_\_\_\_\_ I&TS (If necessary) \_\_\_\_\_ / /  
\_\_\_\_\_ Legal (If necessary) \_\_\_\_\_ / /

*This form should be routed with the contract.*