
Contract Approval/Signature Routing Form

Allow 10 business days for approval

Send this form, a copy of the agreement and any other documentation to BFContracts@drake.edu.

For additional information use the [Business Agreement/Contract Guide](#)

Click in the grey box to start. Tab to move to the next field.

1. Financial Commitment

\$ Total Contract Commitment. New Contract Renewal/Replacement

FOAPAL

Is Contract the result of a competitive bid? Yes No

If yes, please list the vendors that completed proposals.

Include copies of bids or bid comparison spreadsheet with this form and copy of the agreement.

If no, please provide a brief explanation.

Other comments

2. Department Info

Agreement/Contract Title: _____

Department: _____

Reviewer Name: _____

Reviewer Phone: _____ Fax: _____ E-mail: _____

Other Department Contact: _____

3. Vendor Information/Identity

Company Name: _____

Contact Name: _____ Title _____

Company Address: _____

City _____ State _____ Zip _____

Company Phone _____ Company Fax _____

