



Contracts & Real Estate Office

WASHINGTON STATE UNIVERSITY

Washington State University
Contracts and Real Estate Office - CREO
Mailing: PO Box 641045, Pullman WA 99164-1045
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2425 East Grimes Way
Pullman, WA 99164-1045
Phone: 509-335-2252

creo.intake@wsu.edu

Refer to BPPM 10.11 for instructions.

Complete this sheet for all contracts except for purchasing agreements,
sponsored project agreements, and personal services contracts.

If a Contract # or REID # Has Been Assigned, Please Specify It/Them Below

WSU C#:

REID #:

UNIT NAME	MAIL CODE	DATE CONTRACT NEEDED	SUBMITTAL DATE
<input type="checkbox"/> Check this box if contract is needed within 30 days of submittal date. NOTE: CREO requests at least 30 days from the date of receipt of a complete submission for processing. CREO cannot begin work on your submittal until it is complete.			
UNIT CONTACT NAME	CONTACT EMAIL ADDRESS		CONTACT TELEPHONE

THIS IS A CONTRACT WITH (COMPANY/OTHER PARTY NAME)		POINT OF CONTACT NAME	
ADDRESS	CITY, STATE, ZIP	TELEPHONE	EMAIL ADDRESS

PURPOSE OF CONTRACT

TYPE OF CONTRACT:

- | | | |
|---|---|---|
| <input type="checkbox"/> ACADEMIC PROGRAM | <input type="checkbox"/> REAL PROPERTY LAND ASSIGNMENT | <input type="checkbox"/> SERVICE CENTER/REVENUE |
| <input type="checkbox"/> AFFILIATION | <input type="checkbox"/> REAL PROPERTY LEASE | <input type="checkbox"/> SPEAKER/PERFORMER |
| <input type="checkbox"/> FACILITIES USE | <input type="checkbox"/> REAL PROPERTY PURCHASE/ACQUISITION | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> INTERAGENCY | <input type="checkbox"/> REAL PROPERTY SALE/DISPOSITION | |
| <input type="checkbox"/> LODGING | | |

THE CONTRACT IS A:

- | | | |
|--|---|---|
| <input type="checkbox"/> NEW CONTRACT | <input type="checkbox"/> RENEWAL OF EXISTING CONTRACT
(attach a copy of existing contract) | <input type="checkbox"/> AMENDMENT TO EXISTING CONTRACT
(attach a copy of existing contract) |
| <input type="checkbox"/> WSU MASTER AGREEMENT | <input type="checkbox"/> REQUEST TO DRAFT FROM SCRATCH | |
| <input type="checkbox"/> WSU STANDARD TEMPLATE | (complete and attach Working Term Sheet found on CREO website) | |

IF THIS IS A CONTRACT FOR USE OF NON-STATE OR NON-PUBLIC FACILITIES: Attach written justification approved by responsible dean, director, chair or higher. See the SAAM 10.10.55 justification form, available at: <https://creo.wsu.edu/submitting-a-request/>

CONTRACT TERMS:

START DATE	END DATE	RENEWAL DATE (if any) From: To:	
PAYMENT PERIOD	NO. OF PAYMENTS	AMOUNT PER PERIOD	TOTAL AMOUNT

IMPACT ON UNIVERSITY RESOURCES (Check and describe all resources that apply)

RESOURCES	DESCRIPTION	COST TO UNIVERSITY	REVENUE TO UNIVERSITY
<input type="checkbox"/> Dollars			
<input type="checkbox"/> Other			

PAYMENT

Is this contract (check one): <input type="checkbox"/> Sole Source Award <input type="checkbox"/> Competitively Awarded <input type="checkbox"/> Direct Buy <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A							
Fund source(s): (Provide budget/project(s)/object/sub-object/source/sub-source):							
Funds	Budget	Project	Object	Sub-object	Source	Sub-source	%
_____	_____	_____	_____	_____	_____	_____	_____
Funds	Budget	Project	Object	Sub-object	Source	Sub-source	%
_____	_____	_____	_____	_____	_____	_____	_____
Check Appropriate Fund Source: <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Private Grant <input type="checkbox"/> Other							

Additional Information or comments:			
PAYMENT METHOD (Check one)			
<input type="checkbox"/> PURCHASING CARD (Contract payments made by Purchasing card must be in compliance with BPPM 70.08)	<input type="checkbox"/> WSU CHECK	<input type="checkbox"/> WIRE TRANSFER	<input type="checkbox"/> AUTOMATED CLEARING HOUSE (ACH) (Electronic transfer)
DIRECT BILL FOR LODGING			
If this contract requests direct billing for WSU employee lodging, payment of lodging expenses must be in compliance with BPPM 95.06.			
INSURANCE			
Is a Certificate of Insurance required?	<input type="checkbox"/> YES**	<input type="checkbox"/> NO	**If yes submit a completed Request of Certificate of Insurance (BPPM 50.11) to the Office of Risk Management. See BPPM 50.11 for form instructions

Please complete this section for Real Property agreements (e.g., Lease/Purchase/Land Use)

University function (teaching, research, or service-please specify):
Present location/preference for general location (requested location may be affected by factors of University use plans or other department requests, etc.):
Describe location, size of area, and show boundaries, attach a map if necessary:
Describe proposed use of real property (office, library, classroom, laboratory, storage, etc. - please indicate any unusual space needs):
Criteria and requirements for space (special air conditioning, special wiring, special telephone, computer and other related equipment, copy machines, etc.):
Management program for area and statement of responsibility by department/agency for preparation, maintenance, and restoration of site, applicable for land assignment or real property:

CERTIFICATION OF APPROVING PARTIES:

I have read this contract entirely. I am satisfied with its description of what is to be provided to the University. I am also satisfied with the description of the University's obligations and all other provisions of this contract, except as noted in any attached memorandum.

EXPENDITURE AUTHORITY NAME/TITLE	SIGNATURE OF EXPENDITURE AUTHORITY	DATE
DEAN, DIRECTOR, CHAIR, OR HIGHER NAME/TITLE*	SIGNATURE OF DEAN, DIRECTOR, CHAIR OR HIGHER	DATE

*If this is a Real Property matter, a Dean or Vice President must sign.