

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):							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
_____	_____	_____	_____	_____	_____	_____	
Funds	Budget	Project	Object	Sub-object	Source	Sub-source	
_____	_____	_____	_____	_____	_____	_____	_____
Funds	Budget	Project	Object	Sub-object	Source	Sub-source	%
Additional Information or comments:							
PAYMENT METHOD (Check one) <input type="checkbox"/> PURCHASING CARD <input type="checkbox"/> WSU CHECK <input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> AUTOMATED CLEARING HOUSE (ACH) (Contract payments made by (Electronic transfer) Purchasing card must be in compliance with BPPM 70.08)							
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.

DEAN OR VICE PRESIDENT NAME/TITLE*	SIGNATURE OF DEAN OR VICE PRESIDENT	DATE
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