

Appendix I

Contract Routing Form

I. Contract Information

Description: _____

Contract Initiator: _____ Date Submitted: _____
Department: _____ Funding Account: _____
Depart. Admin: _____ ePro Req/PO #: _____
Supplier: _____ Amount: \$ _____
Term: _____

Type of Contract:

Initial Contract Renewal Amendment One-Time Event
Fed Grant Funded System Office System Wide State Wide

Background Checks: Specify what area the supplier will have regular interaction with.

**By signing below, the Dept./Budget Manager confirms the Background Checks information is accurate.

YES NO YES NO
Students Monies
Employees Sensitive/Confidential Data
Minors Facilities

If Background Checks aren't required, provide explanation: _____

II. Approval Signatures

**Dept./Budget Manager: _____ Date: _____
Procurement: _____ Date: _____
Legal: _____ Date: _____
Chief Business Officer: _____ Date: _____
President: _____ Date: _____

PROCUREMENT USE ONLY

III. Routing Checklist

Approved & valid purchase requisition
SWC/SPD Posting (required for purchases \$25,000 & greater) # _____
Immigration Affidavit (for services \$2,500 & greater)
Tax Compliance approved by DOR (required for purchases \$100,000 and greater)
Compliant with Georgia Procurement Manual (GPCM)
Supplier has signed final version
All blanks on contract have been filled in
Revisions have been initiated by supplier
Previous amendments/renewals are attached
Draft mark-up attached for final review
Scope of work has been thoroughly reviewed
Background Checks required: YES NO

*If YES, provide section in contract of background language

IV. Notes

