



CONTRACT CHECKLIST

Must be submitted with all proposed contracts
at least 30 days before commencement of the service or purchase of good.
For contracts with individuals, also complete the Independent Contractor Checklist.

CONTRACT NAME

1. Vendor/Contractor Information:

Name: _____

Telephone: _____ Fax #: _____

Email: _____

If this is a new vendor, please attach a completed substitute W-9 form (Blank form located on OW Purchasing website).

2. Brief Explanation of Contract (Including benefit to College):

3. Is this replacing another Contract? Yes No

If replacing, vendor name of ending contract and expiration date: _____

4. How was Vendor Selected? (explain prior work performed for College, relationship to College, competitive bidding, etc.) For expenditures > \$2,500, at least 3 quotes must be provided. If quotes received, attach.

5. Desired Commencement Date: (work may not commence until contract is executed and if necessary, approved insurance certificates received. See #10 for detailed requirements):

6. Contract Term: (Start Date, End Date): _____

7. If Renewal Option(s) included, what are they? _____

8. Value of Contract: First year \$ _____ Total \$ _____

9. Account(s) to be charged: _____

