

Vendor/Affiliating Organization: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

Purpose of Contract:

This is a renewal of a previous contract

This is an addendum/amendment to a previous contract

This is a new contract. Does this replace a prior contract with another vendor? Yes No

If yes, please list vendor: _____

Terms of Contract:

Beginning Date: _____ End Date: _____ Auto Renews: Yes No

Vendor Renewal Terms: _____

Initiate Internal Review: _____ Weeks Months prior to Expiration Date Annual Review

Department Originating this Contract: _____

Department Contact: _____ Title: _____

Phone: _____ Email: _____

Please note: Any contract or agreement which may require technical or personnel support, or the use of facilities from another campus department, should be reviewed in advance by a manager in the involved department(s).

Supporting Dept(s): _____ Contacted? Yes No

Staff who have approved this contract: _____

To be completed by VP/Executive Assistant:

Contract Signed By: _____ Date: _____

This is a fully executed copy. *Directions: Scan and email to notify-contracts@calvin.edu. Return original to the Department Contact* named above.*

This is NOT a fully executed copy. *Directions: Scan and email (as above) and return original to the Department Contact*, who shall be responsible for emailing a copy of the completed signature page to the above address.*

Additional search terms (optional): _____

CC VP for 1st 2nd 3rd Renewal Notification (optional)

**College policy requires original documents to be kept by the contracting office until 7 years after expiration in a secure/fire-proof location.*