



Vice Chancellor of Business Services

FHDA Contract/Agreement Routing Sheet

Must be attached to contracts when sending to Vice Chancellor

NAME OF CONTRACT _____

	Signature	Date
1. Originator	_____	_____
2. Supervisor/Administrator (if necessary)	_____	_____
3. Campus Vice President	_____	_____
4. Risk Management (if necessary)	_____	_____
5. General Counsel (if necessary)	_____	_____
6. Vice Chancellor, Business Services*	_____	_____

**Required prior to beginning work of the contract. For clinical contracts, return originals to originator.*



Vice Chancellor of Business Services

FHDA Contract/Agreement Routing Sheet

Must be attached to contracts when sending to Vice Chancellor

NAME OF CONTRACT _____

	Signature	Date
1. Originator	_____	_____
2. Supervisor/Administrator (if necessary)	_____	_____
3. Campus Vice President	_____	_____
4. Risk Management (if necessary)	_____	_____
5. General Counsel (if necessary)	_____	_____
6. Vice Chancellor, Business Services*	_____	_____

**Required prior to beginning work of the contract. For clinical contracts, return originals to originator.*