**Community College of Philadelphia**

**Contract Approval Form - *For Internal Use Only***

**This Contract Approval Form must be completed and attached to any contract which is not submitted through the College’s electronic contract management system. The originating employee and the Vice President of the Division originating the contract for signature should read and review the business terms of the contract with due care and verify that they accurately reflect the terms negotiated between the parties.**

**Reviewed and Recommended By:**

Originating Employee (print) Signature

Department/Division Email Address/Extension

**Contract Details**

Contract Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expense** or **Revenue** (Circle One)

Annual Contract Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Contract Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the contract renew? **Yes** or **No** Renewal Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is renewal automatic? **Yes** or **No**

If the contract is for the purchase of goods or services, did you comply with Policy #201, Open Market Purchases? **Yes** or **No**

**Vendor Details**

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor Banner ID:

Vendor Main Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any personal relationship or financial interest in the Vendor? **Yes** or **No**

Does this contract otherwise comply with Policy #212, Conflicts of Interest Policy? **Yes** or **No**

**Reviewed and Recommended By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President for Originating Division (print) Signature Date

\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AVP-IT or Designee (print)[[1]](#footnote-1) Signature Date

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President of Division of Business Signature Date

and Finance or Designee[[2]](#footnote-2)  
(print)

**Reviewed as to Form and Legality By:**

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Counsel/Assistant General Counsel Signature Date

(print)

1. Required for contracts for software licenses and other information technology services [↑](#footnote-ref-1)
2. Required for contracts which involve the purchase of goods or services of $10,000 or more [↑](#footnote-ref-2)