

CLEMSON UNIVERSITY - CONTRACT REVIEW FORM

DATE _____

DEPARTMENT: _____

AGREEMENT WITH _____

Effective date of Contract _____ Expiration date _____

New Renewal _____ Cost of Contract _____ Source of Funds _____

Department Contact _____ Telephone _____

Comments _____

Department Head

Date

Dean or Director

Date

Vice President

Date

Procurement

Date

After completion of above section, send to Risk Management, E-307 Martin Hall

REVIEW: Risk Management

Comments _____

Signature _____ Date _____

REVIEW: Legal Counsel (if applicable)

Comments _____

Signature _____ Date _____