

UNIVERSITY OF THE DISTRICT OF COLUMBIA CONTRACT ROUTING FORM

Requestor's Name/Title: ______Department_____

Ph	one#:	_E-mail	_ Date Requested_	Date Due	
Description of Goods/Services				RQ#	
He Un app dep the cor	ads, Vice Presidents inversity's Contracting proval flow procedupartments may need appropriate approvansultant contracts an inion or legal sufficients.	, Deans, Directors and ag Guidelines and are a ares. Depending upon to be involved/contacted als prior to submission and any other requirement is required must be a submission of the contact of the con	staff under their di- advised of the follon in the nature and sed. It is the obligat to the Office of Cont which the Contest of the reviewed and	Senior Managers, Department rection are advised to review the owing changes to the University scope of the requirement other ion of each department to obtain ontracting and Procurement. All racting Officer deems that legal d approved by the University's lately for all requirements.	
Are the following documents attached (if applicable):					
1.	Recommended Contractor				
2.	W-9 (Vendor Identification Form)			()Yes ()No ()NA	
3.	Scope Of Work			()Yes ()No	
4.	Business Justification			()Yes ()No	
5.	Independent Government Estimate (IGE)/Cost Estimate			()Yes ()No	
6.	Resume/Business Profile			()Yes ()No ()N/A	
7.	Designated COTR				
Note: Items 6 through 9 must have appropriate approvals and signatures					
8.	IT Requirement		Signature		
9.	Communication/Ma	arketing Requirement	Signature		
10. Facility Related Requirement		Signature	Signature		
11.	. Human Resources I	Requirement			
Department Head Signature			Date		
Office of General Counsel			Date	Date Received Date Approved	
No	te: This form wit	th appropriate signa	tures must acco	mpany all requisitions when	

applicable