Contract Request Form – submit 3 weeks prior to event.

This form is to be completed by SCSU Staff – do not send to the vendor for completion.

All fields must be complete prior to submitting.

**Name of Vendor** (including vendor ID#): Click or tap here to enter text.

**Vendor Mailing Address:** Click or tap here to enter text.

**Contact Name &Title** (Sales Rep, etc.): Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Is the party signing the contract different from the contact information above?** Choose an item.

**If Yes and the signer differs from the contact above please complete the information below:**

* **Name:** Click or tap here to enter text.
* **Title:** Click or tap here to enter text.
* **Address:** Click or tap here to enter text.
* **Phone:** Click or tap here to enter text.
* **Email:** Click or tap here to enter text.

**Who will be signing the contract on behalf of SCSU?**

* **Name:** Click or tap here to enter text.
* **Title:** Click or tap here to enter text.
* **Phone:** Click or tap here to enter text.
* **Email:** Click or tap here to enter text.

**Will the vendor accept electronic signatures?** Choose an item.

**Will any payments on this contract be made from federal funds?** Choose an item.

**Will the Contractor store or have access to any private data?** Choose an item.

**Vendor must provide ACORD Certificate of Insurance Liability, listing SCSU as a certificate holder. Please contact the vendor to request this document.** If they do not have insurance coverage, document the justification for allowing this vendor to do work for SCSU without insurance (ex. Contractor will have limited access to SCSU network, contractor will not be on SCSU campus, etc.). Click or tap here to enter text.

**Start Date of Contracted Work:** Click or tap to enter a date.

**End Date of Contracted Work:** Click or tap to enter a date.

**Detailed description of Services/Nature of Contract:**

This is the part of the contract that is used in court in the event of a dispute. Please be **SPECIFIC AS POSSIBLE**. Try to answer **WHY** the parties are entering into the contract, **WHO** is party to the contract, **WHAT** is being delivered, **WHEN** the deliverables will be provided, **WHERE** the deliverables to be provided are, and **HOW** the deliverables will be provided. If a speaking event – include topic or title of the speech, where services to occur, when the services will occur, and . Be as specific as possible so that someone that is not familiar with the work will understand what is expected from SCSU and the contractor.

Click or tap here to enter text.

**Compensation Amount:** Click or tap here to enter text.

(This is the breakdown of payment for deliverables. It should be listed as $X.XX/hour not to exceed XX hours, $X.XX/deliverable, etc.) THIS SHOULD NOT BE A LUMP SUM.

**Reimbursements:** Click or tap here to enter text.

(only include if we are reimbursing the vendor for supplies, travel, etc.)

**Total Contract Amount:** Click or tap here to enter text.

(the total of compensation amount and the reimbursements).

**Requisition # or Purchase Order #**: Click or tap here to enter text.

**If a Requisition or Purchase Order had been submitted provide the cost center #:** Click or tap here to enter text.

**Staff Member Requesting Contract:** Click or tap here to enter text.

**Phone and Email:** Click or tap here to enter text.