



CONTRACT AGREEMENT AND ROUTING (CAR) FORM

All spaces must be completed. To expedite processing, please refer to CAR Form Instructions before completing

REQUESTING DEPARTMENT			
Department Name			
Contact Person		Tel #	
Email		Date	

CONTRACTOR/COMPANY INFORMATION	
Please review Sustainability Purchasing Guidelines before selecting vendor	
Name of Payee (must match W9)	
Contact Person (if other than payee)	
Payee or Contact Email & Phone #	
Non-CA Resident? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, payments in excess of \$1,500 require completion of CA 590 OR 587

CONTRACT DESCRIPTION/INFORMATION					
Purpose of Contract <small>(brief description)</small>					
Term of Contract	Start Date		End Date		
Contract Amount	\$	Deposit	\$	Final Payment	\$
Funding Source	GL Code _____ \$ _____ GL Code _____ \$ _____				
Payment Type	<input type="checkbox"/> Revenue Generating(UBIT y <input type="checkbox"/> n <input type="checkbox"/>) <input type="checkbox"/> Zero Funding <input type="checkbox"/> Pay With My PCard <input type="checkbox"/> Payment Request				
Attachment Checklist <small>Check all that applies</small>	<input type="checkbox"/> W-9 Form (required if not on file)		Insurance Certificate <input type="checkbox"/> yes <input type="checkbox"/> no (if no, please provide reason)		
	<input type="checkbox"/> 590 or <input type="checkbox"/> 587 (payment may be subject to state tax withholding of 7%)		<input type="checkbox"/> Food Waiver Liability Form (for food service & catering)		

CONTRACT CERTIFICATION & APPROVAL

By signing below, I certify that I have read the attached contract/agreement and that the requesting department will comply with all stated requirements. I recognize that while the Business Office and the General Counsel may review the contract from a policy or legal perspective, I acknowledge that it is the requesting department's responsibility to ensure the specifications are sufficient and/or practical for departmental needs and to monitor the contract for compliance, payment and expiration. In addition, I certify that if this is a vendor provided contract, I have obtained the review of the General Counsel.

PRINT NAME SIGNATURE

DEPARTMENT APPROVALS			
Authorized Dept. Approver (for GL funding)			Date
Additional Approver			Date
Provost			Date

To Be Completed By The Business Office			
General Counsel		Sign	Date
Advertising/Promo	VP for Enrollment & Communication	Sign	Date
Technology	Chief Technology Officer	Sign	Date
Finance	AVP for Finance & Controller	Sign	Date
	VP for Finance & Admin.	Sign	Date

	Purchasing Dept. Only		
Scanned	PO _____ Vendor _____	Received _____	CAR# _____
	W9 to AP _____	Payment Request to AP _____	