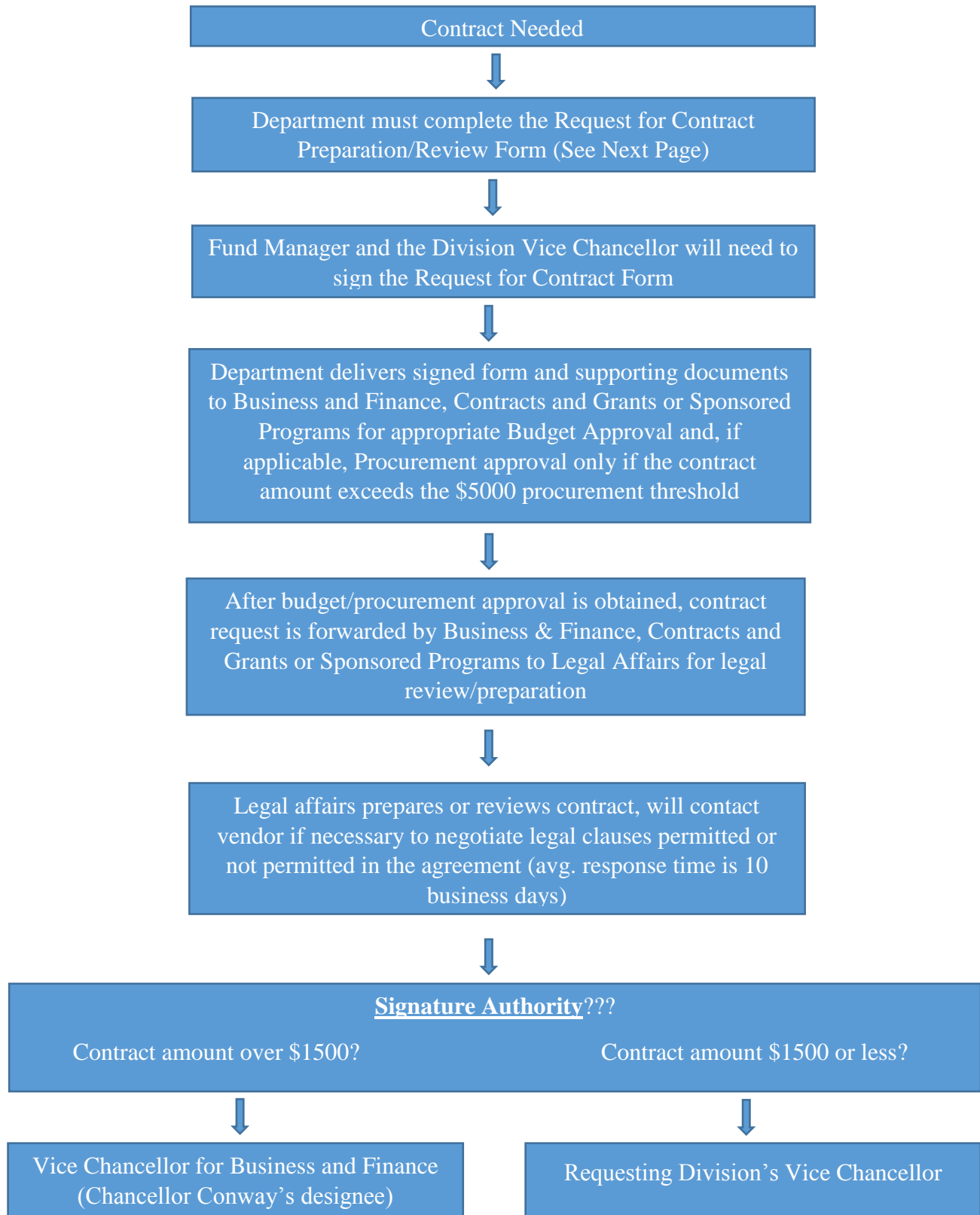


## ECSU Contract Review/Approval Flow Chart



**\*\* Please note that the contract requestor is responsible for delivering a fully executed copy of the contract to the vendor upon completion of the contract approval process.**

# ELIZABETH CITY STATE UNIVERSITY

## REQUEST FOR CONTRACT PREPARATION / REVIEW

Type of Contract: ☐ Consultant ☐ Professional Service ☐ Personal Service ☐ Guest Speaker ☐ Other

Funding Source: ☐ Federal ☐ Title III ☐ State ☐ Trust

Contract Requested by: \_\_\_\_\_ Requestor's Signature \_\_\_\_\_

Department/Division: \_\_\_\_\_ Date: \_\_\_\_\_ Fund No. \_\_\_\_\_

Fund Manager Signature \_\_\_\_\_ \*Vice Chancellor Signature \_\_\_\_\_

*\*My signature above indicates this service cannot be completed by a University employee or by another state agency and that competition requirements have been met. The necessary paperwork is attached.*

### To be completed by Requestor:

Suggested Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Services to be  
Rendered:

\*\*\*\*\* **(Attach Scope of Work, Consultant Justification, and Other Supporting Documentation)** \*\*\*\*\*

Beginning Date of Service \_\_\_\_\_ Ending Date of Service \_\_\_\_\_

Location of Service: \_\_\_\_\_

Cost of Service to be rendered: \_\_\_\_\_

Does payment include travel expenses? ☐ Yes ☐ No Estimated Travel Cost Paid by ECSU \_\_\_\_\_

### Reviewers:

☐ Approved ☐ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Title III Administrator or Budget Officer Signature- Budget Availability)

☐ Approved ☐ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Legal Affairs Signature)

☐ Approved ☐ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Chancellor Signature)

☐ Approved ☐ Not Approved \_\_\_\_\_ Date \_\_\_\_\_  
(Purchasing Agent Signature)