

[OGC File Code _____]

[Date Received by Office of General Counsel: _____. Assigned Contract ID # _____]

**UNIVERSITY OF SOUTH CAROLINA OFFICE OF GENERAL COUNSEL
CONTRACT APPROVAL REQUEST FORM**

This form must be completed in its entirety or it will be returned to the requesting party. Two copies of the completed form, along with not less than two copies of the proposed contract, should be submitted to the Office of General Counsel, which is located in Room 109, Osborne Administration Building, for review. Please allow 14 days for contracts to be processed and signed; however, contracts with a cost/value of \$650,000 or more cannot be processed for signature until approved by the Board of Trustees at a regularly scheduled meeting. The Office of General Counsel is available to assist you if you have questions. Office phone: 803-777-7854

I. USC PARTY REQUESTING CONTRACT APPROVAL

Name of College/Department/Unit: _____
Contact Person: _____ Title: _____
Address/Office Location: _____
Phone Number: _____ Email Address: _____

II. CONTRACTOR/VENDOR

Company Name: _____
Company Address: _____
Contact Person: _____ Title: _____
Phone Number: _____ Email Address: _____

III. CONTRACT TERMS

Start Date: _____ End Date: _____
If this is a Contract Amendment/Renewal/Extension, Insert Original Contract #: _____
Contract Cost/Value (expenditure or revenue):

- Annual Cost/Value: _____
- Maximum Cost/Value Over Full Term of Contract: _____

Description of Services: _____

IV. CONTRACT CHECKLIST/CONFIRMATION - Requesting party confirms the following (check each box):

☐ **Procurement:** USC Purchasing Office has been consulted regarding the purchase of goods and services being acquired and has confirmed that all applicable procurement rules and regulations have been followed.

☐ **Software:** If contract is for the purchase or license of software, the USC Division of Information Technology has been consulted and has approved the use of the software.

☐ **Conflict of Interest:** Requesting Party has disclosed to USC any conflict of interest regarding contractor/vendor in accordance with USC Policy BTRU 1.18, Conflict of Interest.

Comments by Requesting Party: Please provide any information you wish Office of General Counsel to be aware of or consider in its review of the contract: _____

V. CERTIFICATION OF REQUESTING PARTY

I have read this contract in its entirety and recommend its approval by the University of South Carolina. I certify that all provisions in this contract are acceptable. I further certify that the budget for which I am responsible has sufficient funds to pay the costs associated with this contract.

Division Head/Director/Dean/Vice President:

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date

VI. CONTRACT REVIEW AND APPROVAL

Office of General Counsel:

Attorney Name:_____ **Signature:**_____

Date:_____

Board of Trustees (if applicable):

Governance Committee: Date:_____ **Full Board of Trustees: Date:**_____

Note: Approval by Office of General Counsel confirms that this contract is not objectionable on legal grounds. Responsibility for business terms rests solely with the requesting party.