

PSU/USNH Procurement Contract Cover Sheet

Campus: Plymouth State University

Operational Contact person, email, phone: \_\_\_\_\_

Financial Service Center Manager:

- Academic/Admin: Matty Leighton: 535-2275; [mbleighton@plymouth.edu](mailto:mbleighton@plymouth.edu)
- Facilities/ITS: Lori Tetley: 535-2552; [ltetley@plymouth.edu](mailto:ltetley@plymouth.edu)
- Student Svc/Athletics: Michele Lacroix: 535-2430; [mdlacroix@plymouth.edu](mailto:mdlacroix@plymouth.edu)

Requested date by which document is to be in place (fully executed): \_\_\_\_\_

\*Goods/Services must not be rendered until the contract is fully executed.

Service requested:  Create Contract  Review Contract

Type of Contract:  New  Renewal  Amendment

Revenue Contract:

- Lease/Rental Revenue
- Academic Program MOU (Tuition/Fees)
- Event/Conference
- Other \_\_\_\_\_

Expense (Purchasing) Contract:

- Independent Contractor
- Rental Agreement (Equipment/Vehicle)
- Service Agreement (Software/IT)
- Service Agreement (Insurance)
- Service Agreement (Other)
- Other \_\_\_\_\_

\$0 Partnership Agreement

Vendor Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Contract Term:  1 year  2 years  3 years  4+ years

Cost: Annual Amount: \_\_\_\_\_ One-time Amount \_\_\_\_\_

Full Contract Value (All costs for all years) \_\_\_\_\_

Funding source (define clearly for all years and full value): \_\_\_\_\_

Operations Mgr Signature and Date: \_\_\_\_\_

Name (printed):

FSC Manager Signature and Date: \_\_\_\_\_