[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 service 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.

V. CERTIFICATION OF REQUES	TING PARTY	
I have read this contract in its enti certify that all provisions in this co	rety and recommend its approval by the ontract are acceptable. I further certify pay the costs associated with this contrac	that the budget for which I am
Division ficacy Directory Deally vice	1 Testucite.	
Name	Signature	Date
VI. CONTRACT REVIEW AND AP	PROVAL	
Office of General Counsel:		
Attorney Name:	Signature:	
Date:		
Board of Trustees (if applicable):		

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.