CONTRACT ROUTING FORM

Submitted by: _____ Department: _____

Title: _____ Date: _____/_____/_____

Contract Information

Name :	Phone #:
Contact Person:	
Address:	Tax ID:
City, State:	Zip Code
Contact's Email Address:	

Type of Contract: (please check)

New: ____ Renewal: ____ Maintenance Contract? ___Yes ___No If a renewal please list prior year's cost _____

If technology related, has proposal been presented to Steering Committee? ___Yes ___No

Description	Cost
Total:	

Have the following been performed or initiated? (Please answer all questions below by checking appropriate option)

1) HHS/OIG Cumulative Sanction Report? ___Yes ___No
(http://exclusions.oig.hhs.gov)

2) GSA List of Parties Excluded from Federal Programs ___Yes ___No
(https://www.sam.gov/portal/public/SAM/)

3) Business Associate Agreement? ___Yes ___No ___N/A

4) Meditech/Network Access Forms? ___Yes ___No ___N/A

5) New Vendor Form? ___Yes ___No ___N/A

6) Purchase Order Required? ___Yes ___No ___N/A PO#_____

7) Has the Whistle Blower Policy been attached to the Contract? ____Yes

I, the undersigned, have reviewed and approved this document as to accuracy and completeness and declare that, to the best of my knowledge, the proposed contractor has not been convicted of a criminal offense related to Health Care, or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation.

_____ _____/_____/_____
Signature Date

(Below is for Administrative use only)

Position	Date Approval Received	Approved	Position	Date Approval Received	Approved
IT Director		Y N N/A	Plant Ops Director		Y N N/A
CHRO		Y N N/A	Prof. Services Director		Y N N/A
CQO		Y N N/A	Material Mgmt Director		Y N N/A
CNO/COO		Y N N/A			Y N N/A
CMO		Y N N/A			Y N N/A
CFO		Y N N/A			Y N N/A
CEO		Y N N/A			Y N N/A

******See attached table for comments******

(Below is for Finance use only)

Routing Information

Date Routed: _____

Due Date for Review: _____

Execution Information

Date Executed: _____

Sent to:

Initiator: _____

Vendor: _____

_____

Duration Information

Start Date: _____

End Date: _____

Revised 01/18/13