

CONTRACT SIGNATURE REQUEST FORM

Send Form and Contract Document to FS-PURCHASING
Allow 15 days for review and signature

Contract Information

Department Name:

Requestor Name and Phone Number:

Vendor Name:

Description of Contract that requires a signature:

Description of the evaluation process that led to this contract agreement (if applicable):

Start Date:

End Date:

Cost to LCC (if any):

Understanding and Agreement

Responsible Department Representative have read the contract and confirms that the description of goods and/or services to be provided to the College is accurate and complete. Responsible Department Representatives understand all provisions of the contract, including the College's obligations, and am able to and will administer per the terms and conditions of the contract and any applicable College policies. All appropriate approvals necessary to enter into this contract have been obtained.

Signature of Responsible Departmental Representative

Date

Type or Print Name

Signature of Dean or ELT Member

Date

Type or Print Name