



By affixing your signature to this sheet you are approving the attached contract for services including the expenditure for those contracted services. Any change to the contract after the dates found below must be reviewed and approved by the parties as listed on this sheet.

Account Number: _____ - _____

Sequence Number **Contract Amount**

Description of Services/
Event

Account Manager

Date

Vice President of Enrollment Management (if applicable)

Date

Provost/Vice President of Academic Affairs (if applicable)

Date

Vice President for Finance and Administration

Date

President/CEO (if applicable per Delegation of Authority)

Date

[Contracts - Resource Materials\DELEGATION OF AUTHORITY\FY14 Delegation of Authority.xlsx](#)

FOR CONTRACTS OFFICE USE ONLY

Contract Number

For VPFA Office Use Only

**ALL CONTRACTS MUST BE
RECEIVED IN THE VPFA
OFFICE AT LEAST TWO (2)
WEEKS BEFORE THE START
DATE OR WILL BE RETURNED
UNSIGNED FOR EXPLANATION
OF DELAY**