

**ENHANCED CONTRACT MONITORING FORM**

VENDOR NAME _____	VENDOR CONTACT _____
VENDOR PHONE _____	E-MAIL _____
CONTRACT TERM _____	RENEWAL OPTION _____
CONTRACTING DEPARTMENT _____	PROJECT MANAGER _____
PURCHASE ORDER _____	P.O. VALUE _____

CONTRACT DESCRIPTION:

\_\_\_\_\_

\_\_\_\_\_

ENHANCED REQUIREMENTS ARE:

\_\_\_\_\_

\_\_\_\_\_

Category	Section	Description/Requirement	Date Due	Date Completed	Response
Insurance Requirements					
Scope of Work / Milestones					
Payment Terms / Commissions		Payments terms are Net 30			
Meetings / Reporting					
Vendor Performance					

I hereby certify that the information above has been verified as denoted.

**Department Review**

**Contract Office Review**

Administrator \_\_\_\_\_

Date Verified \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*COPY TO CONTRACTS OFFICE QUARTERLY: April 15, June 15, September 15, December 15