Vice President/Provost of Facilities Work Order Number:

School:  Department/Division:

Person Responsible for Contract:

Return Contract To:

Independent Contractor:

Estimated Total Contract Value:       Commodity:

Type of Contract:

Description of Contract:

Contract Initiated Via: [ ]  Bid [ ]  Negotiation [ ]  Sole Source [ ]  Other

Contract Dates: Beginning:       Ending:

Written Notice:

**Review Required:**

Date:       Event A:

Date:       Event B:

**Approvals:**

Chairman or Director: Date

Dean/Vice Provost/Vice President: Date

Purchasing (Goods/Services/Technology contracts): Date

Facilities (Property leases): Date

VPIT (all software purchases and renewals) Date

Legal Counsel: Date

Sr. VP Operations/Provost: Date

Vice President for Finance: Date

**For Vice President for Finance Only**

* Return a copy of this Contract Control Sheet with the fully executed signature pages.
* Contract is complete.

**For Health Sciences Only**  AHC Approval Required □ Yes □ No

□ Routine student rotation Alegent Creighton Health [insert title]

Date: