Vice President/Provost  Facilities Work Order Number:

School/College:  Department/Division:

Person Responsible for Contract:

Return Contract To:

Contractor/Supplier:

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:**

Purchasing (Goods/Services including technology contracts): Date

Facilities (Property leases): Date

VPIT (all software purchases and renewals) Date

Chairman or Director: Date

Office of the Dean: Date

Vice President: Date

Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Counsel: Date

Vice President for Finance: Date

**For Health Sciences Only**  AHC Approval Required [ ]  Yes [ ]  No

[ ]  Routine student rotation Alegent Creighton Health [insert title]

Date:

**For Vice President for Finance Only**

[ ]  Return a copy of this Contract Control Sheet with the fully executed signature pages.

[ ]  Contract is complete.