

COLLABORATION CONTRACT REQUISITION BACKUP FORM

1. Requesting Department:
2. Name of vendor/Collaborator:
3. Description of purchase:
4. The cost, including any extensions or Associated Purchases:

(Please see Paragraph "C" of Sourcing Procedure 3.1 for the description of "Associated Purchases.")

5. List all "Hard Collaborator Contributions" *(Please see Paragraph "C" of Sourcing Procedure 3.1 for the description of "Hard Collaborator Contributions.")*

Description	Value

6. List all "Soft Collaborator Contributions" *(Please see Paragraph "C" of Sourcing Procedure 3.1 for the description of "Soft Collaborator Contributions.")*

Description	Value

7. Is this purchase under an Collaboration Review?
Yes (if selected, attach the Collaboration Review)
No
8. Is this purchase under an RFQ process (under which 3 quotations are required to be sought)?
Yes (if selected, attach the three quotes and explanation for selection)
No

The undersigned certifies that (i) to the best of the knowledge of the undersigned, no extensions or Associated Purchases will be needed in excess of those included in #4 above; (ii) all the above statements are true and precise, and (ii) **the undersigned has no financial or other beneficial interest in the vendor/Collaborator.**

Signature: *
Print Name:

Date:
Title:

* The signatory on this form must be at the level of Director or Department Head, or higher.