PSC DEPARTMENT CHECKLIST

Vendor: _____

Department Check

Review process by checking boxes on each item:

1. **Confirm that proper form is used and Affiliated Corporation box to be checked.....** ☐
2. **First Party: section should be Uof L Research Foundation, U of L Athletic Association, University of Louisville, Foundation…….** ☐
3. **Check for required P.O.N. form if State contract.……..……..** ☐
4. **Speed Type: Check to make sure Speed type is entered…….** ☐
5. **Social Security # or fein#: Check to make sure entered…….……....** ☐
6. **Description of Services: make sure clear and concise……..…….….** ☐
7. **Verify there is a Dollar Amount: "not to exceed" space……...….** ☐
8. **Method of Payment: Clearly defined detailed schedule of payment……** ☐
9. **Other Expenses: Should be listed if other expenses are used…….** ☐
10. **Start Date: Start date can not be pre-dated……..…..** ☐
11. **End Date: End date can not exceed current biennium period……...** ☐
12. **2nd Party Signature: Must be signed-must be Original……....….** ☐
13. **"Recommended by"/Department Head Signature: Must be signed-must be original……** ☐
14. **Evidence of proposals (detailed summary of proposals, prices and determination of how contractor was selected) or justification for single source is attached. Documentation must include one or the other to be processed…….** ☐
15. **Verify that Conflict of Interest document has been signed……** ☐
16. **Where applicable, verify that Federal Debarment website http://epls.arnet.gov/ has been checked to ensure that vendor is not debarred from doing business with federal agencies……..** ☐

Signature: _____ _____ _____

Department Chair **Date** **Phone Number**

****Please sign and forward this form to Department of Purchasing with contract documentation.**