

# 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.....  | <input type="checkbox"/> |
| 2.  | First Party: section should be Uof L Research Foundation,<br>U of L Athletic Association, University of Louisville, Foundation.....   | <input type="checkbox"/> |
| 3.  | Check for required P.O.N. form if State contract.....   | <input type="checkbox"/> |
| 4.  | Speed Type: Check to make sure Speed type is entered.....   | <input type="checkbox"/> |
| 5.  | Social Security # or fein#: Check to make sure entered.....   | <input type="checkbox"/> |
| 6.  | Description of Services: make sure clear and concise.....   | <input type="checkbox"/> |
| 7.  | Verify there is a Dollar Amount: "not to exceed" space.....   | <input type="checkbox"/> |
| 8.  | Method of Payment: Clearly defined detailed schedule of payment.....  | <input type="checkbox"/> |
| 9.  | Other Expenses: Should be listed if other expenses are used.....  | <input type="checkbox"/> |
| 10. | Start Date: Start date can not be pre-dated.....  | <input type="checkbox"/> |
| 11. | End Date: End date can not exceed current biennium period.....  | <input type="checkbox"/> |
| 12. | 2 <sup>nd</sup> Party Signature: Must be signed-must be Original.....   | <input type="checkbox"/> |
| 13. | "Recommended by"/Department Head Signature: Must be signed-must be original.....  | <input type="checkbox"/> |
| 14. | Evidence of proposals (detailed summary of proposals, prices and<br>determination of how contractor was selected) or justification for single source<br>is attached. Documentation must include one or the other to be processed..... | <input type="checkbox"/> |
| 15. | Verify that Conflict of Interest document has been signed.....  | <input type="checkbox"/> |
| 16. | On PSC's that are charged to a sponsored project, obtain signatures of P.I. and the Director<br>of the Office of Grants Management or the Director of the Office of Industry Contracts.....   | <input type="checkbox"/> |
| 17. | On PSC's whereby health-protected information is to be dealt with, contact the University<br>Privacy Officer and execute a Business Associate Agreement, if necessary. A copy of<br>Agreement is to be sent with the PSC form .....   | <input type="checkbox"/> |

Signature: \_\_\_\_\_  
Department Chair
Date
Phone Number