PSC DEPARTMENT CHECKLIST

Vendor: ____________________________________________

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 UofL Research Foundation, UofL Athletic Association, University of Louisville .........................................................
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 (State only) ............................
12. 2nd Party Signature: Must be signed ...................................................................................
13. “Recommended by”/Department Head Signature: Must be signed ........................................
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. On PSC’s that are charged to a sponsored project, obtain signatures of P.I. and the Executive Vice President for Research and Innovation Designee ........................................................................
17. On PSC’s whereby health-protected information is to be dealt with, contact the University Privacy Officer and execute a Business Associate Agreement, if necessary. A copy of Agreement is to be sent with the PSC form ........................................................................

Signature: ____________________________________________ Date ____________________________ Phone Number __________________

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

6/26/15