

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 is checked | <input type="checkbox"/> |
| 2. | First Party: section should be UofL Research Foundation,
UofL Athletic Association, or University of Louisville | <input type="checkbox"/> |
| 3. | Check for required P.O.N. form if a State contract | <input type="checkbox"/> |
| 4. | Speed Type: Check to make sure Speedtype is entered | <input type="checkbox"/> |
| 5. | Social Security # or fein#: Check to make sure entered | <input type="checkbox"/> |
| 6. | Description of Services: make sure description is 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 cannot be pre-dated | <input type="checkbox"/> |
| 11. | End Date: End date on State PSC's cannot exceed current biennium period | <input type="checkbox"/> |
| 12. | 2 nd 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
determination of how contractor was selected) or justification for single source
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. | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

Signature: _____
Department Head/Chair

_____ Date

_____ Phone Number

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

3/30/11