PSC DEPARTMENT CHECKLIST

Vendor: ________________________________

Review process by checking boxes on each item:

1. Confirm that proper form is used and Affiliated Corporation box is checked

2. First Party: section should be UofL Research Foundation, UofL Athletic Association, or University of Louisville

3. Check for required P.O.N. form if a State contract

4. Speed Type: Check to make sure Speedtype is entered

5. Social Security # or fein#: Check to make sure entered

6. Description of Services: make sure description is 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 cannot be pre-dated

11. End Date: End date on State PSC’s cannot 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. On PSC’s that are charged to a sponsored project, obtain signatures of P.I.

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: ________________________________          ____________                               ________________
Department Head/Chair                                          Date                                           Phone Number

**Please sign and forward this form to Department of Purchasing with contract documentation.  3/30/11**