

Office of General Counsel
CONTRACT APPROVAL COVER SHEET - EVENTS

Remit Contract Approval Cover Sheet along with original contract, work copy and attachments to Office of General Counsel (legal@lynn.edu). Contracts must be submitted in a timely manner to allow a 10-day review and approval process.

Date Submitted: (mm/day/year)

Originator:

Primary Contact Name:

Title:

Department:

Phone No.:

E-mail:

Supplier Information

Full Legal Name:

Address:

City/State/Zip Code:

Contact Name:

Phone No.:

Email:

Agent Name/Address/Phone No.: (if applicable)

Has University contracted with this Supplier / Agent in the past?

Yes

No (Attach Form W-9)

Date(s)/Time(s) of Event:

Type of Contract/Agreement

Vendor

Exhibitor

Speaker

Guest Artist

Title of Event:

Type of Event/Services:

Location of Event:

Space reserved: (R25)

Yes

No

*Detailed description of services:
(use separate sheet, if needed)*

Additional services provided by Supplier:

Services provided by University:

Required Documents to be attached:

Original Contract

marked Contract (edits)

Insurance (COI)

License or Permit

Does the Contract/Agreement require University to provide a Certificate of Insurance (COI) to Supplier?

Yes

No

If Yes, obtain and attach insurance requirements from Supplier.

Compensation Lynn will pay or reimburse to Supplier

Complete all that apply, if applicable

Airfare: \$

Hotel:

#Nights

Room size

Car Rental:

Economy

Mid-size

Meal Vouchers:

Transportation reimbursement details:

Comments:

Payment Processing

(If funds are not encumbered in the stated account or the account does not have sufficient available funds (procurement card purchases), the Contract will be returned to the Originator.)

ORIGINATOR MUST ATTACH THE APPROVED CONTRACT TO REQUISITION (REQ) IN WORKDAY

Budgeted: Yes No

Deposit Amount: Date due:

Total contracted amount: Date due:

Payee Name: (if different from above)

Payee Federal Tax ID# or SSN:

Date payment due by:

Dept. Head signature REQUIRED: Date

VP signature REQUIRED: Date

OGC Use Only:

Form W-9 GL Workers Comp Workers Comp Affidavit

License/Permit Auto Invoice

Comments:

Approved Revisions needed

General Counsel signature REQUIRED: Date