



CONTRACT REVIEW INTAKE FORM

***** Please note that it is the department's responsibility to follow-up with Purchasing regarding the status of the contract.**

Section 1: Requestor Information

Name:	
Title/Department:	
Email:	
Phone Number:	
Is this time-sensitive? If Yes, Why?	

By signing below, I confirm that I have read and understood the terms and conditions of this contract.

Signature: _____

Date: _____

Section 2: Contract Information

Contract Type:

- ☐ Purchase of Goods
- ☐ Service Agreement
- ☐ Software/IT License
- ☐ Grant/Research
- ☐ Lease/Rental
- ☐ MOU/MOA
- ☐ Other: _____

Vendor Name:	
Vendor Contact (Name & Email):	
Total Contract Value:	
Contract Term (Start – End):	

Is this a new contract or renewal:

- ☐ New
- ☐ Renewal
- ☐ Amendment

*If for a renewal, please provide the last agreement and/or the complete terms and conditions for any amendments.

Does this service require integration with ITC-managed campus systems (e.g., website, SSO, Canvas, etc.)?

☐ Yes

☐ No

Section 3: Notes or Special Instructions

Please submit this completed form with all necessary attachments to: purchasing@nmt.edu

PURCHASING USE ONLY:

Section 4: Supporting Information

Will the contract require additional review by:

Review Area	Required?	Date Sent	Date Completed
ITC (Technology)	<input type="checkbox"/>		
GASB (Software/Data Security)	<input type="checkbox"/>		
Legal Counsel	<input type="checkbox"/>		
Risk Management	<input type="checkbox"/>		
Marketing & Communication	<input type="checkbox"/>		
IRB	<input type="checkbox"/>		
International Compliance	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		

PURCHASING USE ONLY:

Date Received:	
Received By:	