

CONTRACT COVER SHEET

(Complete **BOTH** Pages)

(An electronic file of this document can be obtained from a contracting office or from a college/division/department business administrator.) Submit a completed, signed Contract Cover Sheet, with three originals or copies of the contract and any other forms necessary for processing the contract, to the appropriate contracting office. **Note that you must provide the tax identification or social security number of the vendor/contractor.**

TYPE OR PRINT ALL INFORMATION

UH DIVISION/COLLEGE: _____	
UH DEPARTMENT: _____	
UH CONTACT NAME: _____	
TITLE: _____	PHONE NUMBER: () _____
INTEROFFICE MAIL CODE: _____	FAX NUMBER: () _____
E-MAIL ADDRESS: _____	

CONTRACTOR/VENDOR: _____	
TAX IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER: _____	
CONTRACTOR/VENDOR CONTACT:	
NAME: _____	
TITLE: _____	
PHONE NUMBER: () _____	FAX NUMBER: () _____
E-MAIL: _____	
STREET ADDRESS: _____	
CITY, STATE, ZIP CODE: _____	
<i>IS THE VENDOR/CONTRACTOR CERTIFIED BY THE TEXAS GENERAL SERVICES COMMISSION AS AN HISTORICALLY UNDERUTILIZED BUSINESS (HUB)?</i>	
YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	
<i>IF KNOWN, CHECK ALL THAT APPLY TO THE VENDOR:</i>	
AFRICAN AMERICAN <input type="checkbox"/>	HISPANIC AMERICAN <input type="checkbox"/> WOMAN <input type="checkbox"/>
NATIVE AMERICAN <input type="checkbox"/>	ASIAN-PACIFIC AMERICAN <input type="checkbox"/>

IS THE CONTRACT FOR CONSULTING, PROFESSIONAL SERVICES, OR CONSTRUCTION SERVICES THAT THUS REQUIRES REPORTING TO THE LEGISLATIVE BUDGET BOARD AND OTHER STATE AGENCIES AND OFFICES? YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>

Addendum B - Page 2

BRIEF DESCRIPTION OF GOODS OR SERVICES OR ARRANGEMENTS THAT WILL BE OBTAINED OR PROVIDED, PURSUANT TO THE TERMS OF THE CONTRACT: _____

EFFECTIVE DATE: UPON EXECUTION BY AUTHORIZED SIGNATORIES

OTHER (SPECIFY DATE): _____

TERMINATION DATE: UPON COMPLETION OF SERVICES

OTHER (SPECIFY DATE): _____

SOURCE OF FUNDS:

Fund : _____ DeptID: _____ Prog: _____ BP: _____ Proj: _____ Speed: _____

Expense Account No.: _____

Subcode: _____

Amount \$: _____

Revenue Account No.: _____

Subcode: _____

Amount \$: _____

*Department Cost To

Generate Revenue \$: _____

*Explain How Generated

Revenue To Be Spent: _____

*If additional space is needed to document "Department Cost To Generate Revenue" or "Explain How Generated Revenue To Be Spent," an attachment should be included with the cover sheet.

OTHER FORMS INCLUDED (All are available in electronic form from a contracting office or college/division/department business administrator.)

- Justification For Untimely Contract Submittal
- Justification For Proprietary (Sole Source) Acquisition
- Recommendation for Award
- Justification for Emergency Acquisition

APPROVALS:

Dean/Director/Other Originating Unit Official Date

Department Chair (as applicable) Date

College/Division Business Administrator Date