

## Contract Administration Transmittal Summary Form

**This form must be completed prior to the signing of contracts by employees who have authority to review contracts as per the Schedule of Review and Signing Authority for Contractual Obligations (the “Schedule”) and then forwarded to those authorized as having signing authority as per the Schedule.**

Subject matter of the contract: \_\_\_\_\_

Parties to the contract : \_\_\_\_\_

Term of the contract (if applicable): \_\_\_\_\_

Indicate “Yes” or “No” to all the following statements:

<b>The contract has the following features:</b>	<b>Yes</b>	<b>No</b>
Total annual financial value of \$500,000 or above (for the Marine Institute this requirement will be considered on an individual basis)		
Deals with land, regardless of value		
Is governed by laws of or subject to jurisdiction other than Newfoundland and Labrador		
Contains activities that may result in significant direct or indirect physical harm or other injury to person, property or environment		
Contains provisions that could impact negatively on the University’s reputation		
Is a type of contract not included in the Schedule of Review and Signing Authority for Contractual Obligations		
Contains provisions which present unusual or significant risks to the University		

If you have indicated “Yes” to any of the above statements, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewed By:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved and Signed By:**

I certify that I have reviewed, approved and signed this contract and that it is in compliance with the Contract Administration Policy and Schedule, including all necessary reviews.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_