

**UASOM-Huntsville
Contract/Agreement Review Routing**

Contract Between:

UASOM Org.Num./Department: _____

& Outside Party: _____

Date of Submission for Review: _____

Amendment/Addendum Yes or No? If Yes: Original Document Number _____

Contract Summary: _____

**Once you have reviewed the attached agreement, please initial and date.
Please forward the agreement to the NEXT office marked on the list.**

Initials Date

(Division/Department/Center Director or Designated Representative)

_____ _____ Robert Centor M.D., Associate Dean, (or Designated Representative), UASOM-Huntsville Program

_____ _____ Anupam Agarwal M.D., Interim Dean, (or Designated Representative), UASOM, FOT 12th Fl

_____ _____ University Contracts Office, Financial Affairs, AB 921, zip 0106

Contract Originator: _____

Department: _____

Campus Address: _____

Phone: _____

Email: _____

Return Executed Agreement

To: _____

Department: _____

Campus Address: _____

Phone: _____

Email: _____

Document Number _____

The University Contracts Office will coordinate the central review process including: Legal, Financial, Risk Management, Real Estate, Provost, and other Special reviews as necessary.