

# CONTRACT SUMMARY FORM

**IS THIS A GRANT CONTRACT:**      Yes      No

**Submitting Department:**

- **Dept. Name:**
- **Extension:**
- **Contact Name:**
- **Email:**

*Standard Services Agreement at or below \$500 **WILL NO LONGER** require a requisition or receiving in Banner, it will now be paid by Purchase Voucher. A Purchase Voucher must be submitted for payment **AFTER** services are rendered. The form can be found at SFA Business Forms (<https://www.sfasu.edu/info-for/faculty-staff/business-forms>)*

**Requisition #** for contracts requiring payments of **\$500.01 or more:**

**Previous** iContract # and/or purchase order #, if applicable:

**Brief description of products or services** (Ex: Field Site, Speaker, etc):

**Vendor Contact Info:** *Please choose one of the fields below and complete all requested information or the contract will be returned.*

**Business** – Send a New Vendor invite if the **business is not found in PaymentWorks.**

- Business Name: CID (if known):
- Contact Name:
- Phone: Email:
- Email address for authorized signer (if **DIFFERENT** than above):

**Individual** – Send a New Vendor invite if the **individual is not found in PaymentWorks.**

- Name: CID (if known):
- Phone: Email:
- Email address for authorized signer (if **DIFFERENT** than above):

**Contracts requiring payment to the vendor:** The vendor name on the contract must match **EXACTLY** the vendor name in **Banner.**

**NOTE:** Employees, perspective employees, or students should not be entered in PaymentWorks. Send W9'S to [accountspayable@sfasu.edu](mailto:accountspayable@sfasu.edu)

**Fully Executed Contracts:**

Return an original copy of the contract with signatures

Scanned and emailed copies are acceptable

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**Notify on Stage Update:** Complete **ALL** information below to receive email notifications as the contract moves through the approval process. Incomplete information will cause the contract to be returned.

Name:

mySFA Name:

Email Address: