

School of Dentistry
Contract/Agreement Review Routing

Revised 9/13

Contract Between:

UAB 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/Center Director or Designated Representative)
_____	_____	(Department/Center Director or Designated Representative)
_____	_____	Director of Community Collaborations (Required for Student/Resident Outreach Rotations)
_____	_____	Dental Informatics (Required for Software/Hardware Contracts)
_____	_____	Director of Clinics (Required for Host Patient Care Contracts)
_____	_____	School of Dentistry Dean (or Designated Representative)
_____	_____	University Contracts Office, Procurement, AB 620, zip 0106

Contract Originator: _____
Department: _____
Campus Address: _____
Phone & E-mail: _____

Return 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.