Systems and Services Contract Review Form
Information Technology Services

Contract Status: ☐ **New** ☐ **Renewal** **Date:** _____

Project Name: _____

Contact Person/Department: _____
(Name) (Department)

Purpose of the System/Service (attach additional pages if necessary): _____

_____

_____

Anticipated Timeframe: _____

Justification/Comments (attach additional pages if necessary): _____

_____

_____

How will success be measured? _____

_____

_____

Vendors Considered:

1.	_____ (Vendor Chosen – Required)	Upfront Cost:	_____	Funding Source: _____
		Annual Cost:	_____	Funding Source: _____
		IT Cost:	_____	Funding Source: _____
2.	_____ (Alternative – Required if cost is > $5000.00)	Upfront Cost:	_____	
		Annual Cost:	_____	
		IT Cost:	_____	
3.	_____ (Alternative – Required if cost is > $5000.00)	Upfront Cost:	_____	
		Annual Cost:	_____	
		IT Cost:	_____	

Required Signatures:

Director of Budget and Resource Management: _____ Date: _____

Chief Information Officer: _____ Date: _____

Vice President: _____ Date: _____

This Form Should Be Returned to Fred Miller, Information Technology Services