

Important: All agreements that are paid with either a **Purchase Order or P-Card** will need to be processed through [Purchasing Services](#). P-card payment related contracts should be sent to pcard@psu.edu with the subject line of Contract/Agreement Review for P-Card Transaction.



Risk Management Notes for Assistant Treasurer Do not write in this section
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Submit cover sheet and contract by ONE of the following methods:

Email: riskcontracts@psu.edu US Mail: Risk Management Office
 Fax: 814-865-4029 227 W Beaver Ave., Suite 103
 Interoffice: 103 Rider Bldg/UP State College, PA 16801

Contract Service/Performance Date _____

Name of Vendor/Other Party _____

Mailing Address for _____
 Vendor/Other Party _____

Check here if contract requires a Certificate of Insurance to be supplied to the Vendor/Other Party

Brief Description about the contract and/or Special Notes:

Ag – Cooperative Extension Only	*Is this event sponsored by the University ___ Yes ___ No *If yes, will an employee be present and in charge? ___ Yes ___ No *If a volunteer will be present and will be in charge of the event, stop here and contact The Wood Agency.
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Penn State Initiating Department Information

Please check the appropriate option below:

Option 1 Signature Requested
 By selecting Option 1, the Contract Requester affirms on behalf of their Department the terms of this contract, including if any, the financial obligations and business terms have been read and agreed to, and will comply with the following:

- Initiating Department must forward the signed contract to the Vendor/Other Party as this will not be done by the Assistant Treasurer’s Office, nor Risk Management.
- Initiating Department must verify that any changes made to the contract by the University have been accepted by Vendor/Other Party. If changes were not accepted contact Risk Management’s Contract Team at riskcontracts@psu.edu or 814-867-4906.
- **Initiating Department must secure and maintain a copy of the contract that has been signed by all parties as the official University record. For the University’s records retention policy refer to [AD35](#).**

Option 2 Review Only
 By selecting Option 2, the Contract Requester is requesting Risk Management review the contract and provide feedback to the Contract Requester. The contract is not to be sent for signature.

This section is only for areas with special approval and routing protocols. (i.e. Student Affairs, Health/Human Dev.)

Please complete the information below:

Initiating Department

(College, Admin Area/Campus) _____

Contract Requester

Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Contact person for questions relating to the contract (if other than Contract Requester listed above)

Name: _____

Email Address: _____

Phone Number: _____

Have questions or want to check the status, please contact our office at riskcontracts@psu.edu or 814-867-4906

Risk Management notes to Initiating Department:

Financial Officer or Department Approval	
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