

AGREEMENT ROUTING FORM

TO: Contract Office, Box 70729

Contract Number _____
(Assigned by Contract Office)

TO BE COMPLETED BY DEPARTMENT:

Voyager GL _____ OR Voyager Project Number _____

Total Amount: \$ _____ Yearly Amount: \$ _____

Contract Term: _____ to _____ #of Renewals _____

ETSU Department: _____ Responsible Person: _____

Contractor Name: _____ Contractor E# _____

Contractor Address: _____

Purpose of Agreement: _____

If this agreement is \$25,000 or more provide the bid documentation or sole source justification.

Type of Agreement: Expense Revenue No Cost

Is there external funding that will pay for this, such as a fed or state grant? Yes No

Amendment to Contract# _____

If this agreement is for SERVICES complete the following:

Is this payment being made to or on behalf of a U.S. citizen or legal permanent resident? Yes No *If no, contact the Office of Nonresident Alien Tax Compliance at 423-439-6887 or criggerj@etsu.edu*

Is the PERSON/COMPANY in breach of ETSU's Conflict of Interest Policy? Yes No
Policy Found here: <https://www.etsu.edu/bf/procurement/purchasing/purchasers/policies.php>

Is the PERSON an employee of ETSU, another State/TBR school, or a State of Tennessee agency? Yes No

A.) Do other ETSU employees perform essentially the same duties that are to be performed by this PERSON? Yes No

B.) Has this PERSON previously been paid as an ETSU employee to perform essentially these same tasks? Yes No

ITS vendor Questions:

1.) Will the vendor, at any point in time have any connection with any ETSU IT asset? Yes No

2.) Will any ETSU data be created, collected, maintained, or transferred/transmitted to/from the vendor? Yes No

If the answer to Question 1 is yes, please attach an ITS Review:
<https://service.etsu.edu/tas/public/spp/content/serviceflow?unid=a8234fe58c814c518f50efce2f199c89&from=6de87b89-f45a-49d9-9359-a1988a9e14d3&openedFromService=true>

If the answer to Question 2 is yes, please include a BAA:
<https://www.etsu.edu/universitycounsel/hipaa/documents/etsu-form-baa-2015.pdf>

If the answer to question A and/or B is YES, the worker must be classified as an employee and hired in accordance with personnel policies.
If the answers to questions A and B are both NO, the Employee vs. Independent Contractor Classification Criteria form must be completed:
<https://www.etsu.edu/bf/documents/employeevscontractor.pdf>

I hereby declare that the information provided in this document is true and correct and that I have sufficient knowledge of authority and responsibility for the work to be performed under this agreement to effectively make this certification.

Signature of individual completing this form	Date	Approval	Date
Department: _____		Box #: _____	
Name: _____		Phone: _____	
Associate Dean	Date	Dean	Date

FOR CONTRACT OFFICE USE Financial Consideration \$ _____

ONLY To be signed by:

President Provost Admin Ath B&F HA ITS SLE UA