

UNIVERSITY OF INDIANAPOLIS

CONTRACT SUMMARY FORM

VENDOR'S NAME /ADDRESS

DURATION INFORMATION:

DATES OF SERVICES:

NEW OR AMENDMENT

CONTRACT DURATION:

PREVIOUS CONTRACT DATE

FUNDING INFORMATION

CONTRACT AMOUNT:

USE OF FUNDS:

FUNDING SOURCE:

CONTRACT INFORMATION

CONTACT PERSON:

PHONE # / DEPARTMENT

VP WHO HAS APPROVED:

CONTRACT DESCRIPTION

CONTRACT JUSTIFICATION