

HOFSTRA UNIVERSITY

CONTRACT INFORMATION FORM
(to be attached to all proposed contracts)

1. VENDOR/CONTRACTOR INFORMATION:

Contractor
Name¹: _____

Address: _____

Telephone No.: _____ Fax
No.: _____

Taxpayer I.D. No.: _____

2. UNIVERSITY ORIGINATOR OF CONTRACT: (Person most familiar
with details and responsible for implementation)

Name: _____

Title: _____ Telephone

No.: _____

3. BRIEF EXPLANATION OF CONTRACT (including benefit to
University):

4. HOW WAS VENDOR SELECTED? (explain prior work performed for
University, relationship to University, etc.)

COMMENCEMENT DATE (work may not commence until contract is executed and insurance certificate received and approved):

TERM OF CONTRACT: _____

7. COST OF CONTRACT: _____

8. BUDGET APPROVAL:
(indicate budget codes): _____

9. IS THE CONTRACT ON A STANDARD HOFSTRA UNIVERSITY FORM?

Yes _____ No _____

10. HAS THE STANDARD FORM OF CONTRACT BEEN ALTERED IN ANY WAY?

Yes _____ No _____

If Yes, indicate changes and approval for changes: _____

11. ARE REQUIRED INSURANCE CERTIFICATES ATTACHED?

Yes _____ No _____

12. SHOULD SIGNED CONTRACT BE RETURNED TO DEPARTMENT, OR SENT TO VENDOR OR SOMEWHERE ELSE? (specify below)

13. ADDITIONAL
 COMMENTS: _____

PREPARED BY: _____

DATE: _____