

For Internal Use Only
Date Received: _____
Contract#: _____

HOFSTRA UNIVERSITY

**CONTRACT APPROVAL FORM - cover sheet for Contract
(attach Contract Advise ment Form and
two original Contracts to this form)**

CONTRACT

() _____	_____
Signature	Print Name and Title
() _____	_____
() _____	_____
() _____	_____
() _____	_____
() _____	_____
() _____	_____

Approved as to insurance requirements:

By:

Date

Approved, Office of General Counsel:

By:

Date