HOFSTRA UNIVERSITY

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

1. VENDOR/CONTRACTOR INFORMATION:

   Contractor Name: ____________________________________________________________

   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.: ______________________
   Taxpayer I.D. 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: ___________________________