

## Contracted Services Agreement (CSA) Routing Slip

FROM: Principal Investigator (insert name/department)

TO: Department Head (insert name)  
 College Dean/Director (insert name)  
 Legal Counsel Leslie Taylor  
 OSP (insert name, if applicable)  
 Vice President of (insert name, if applicable)

INTURN: Purchasing Department

SUBJECT: CSA Routing Slip

Please review and approve the attached CSA in accordance with the routing instructions below. These signatures are required prior to performance of work by the contractor. Upon signature, please annotate you initials on the "TO" list above and forward to the next signature authority. Upon completion of all signatures, please forward to the Purchasing Department if the total contract value is greater than \$25,000. For purchases of \$25,000 or less, please return to the appropriate department.

SIGNATURE GUIDELINES: an "X" signifies that signature is required

	Estimated Total Contract Value		
	\$5,000 or less*	Over \$5,000	Over \$25,000
<b>PERSONNEL</b>			
Principal Investigator	X	X	X
Department Head	X	X	X
College Dean/Director	X	X	X
Legal Counsel			X
OSP (OSP funding only)	X	X	X
Appropriate Vice President (all other funding)			X
Director of Purchasing			X

\* If using OSP funds, OSP signature is required for contracts of \$1,000 or higher.

Attachments:  
Contracted Services Agreement