

PURCHASE REQUISITION # _____
Board Item _____
Board Date _____

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
HSC PURCHASING OFFICE ROUTING SHEET**

- A. REQUESTING HSC DEPARTMENT: _____
CONTACT PERSON _____ PHONE # _____
- B. STATEMENT OF NEED: _____

- C. DESIRED START DATE: _____ END DATE: _____
- D. EXPENSE FUND # _____

REVIEW AND RECOMMENDATION SIGNATURES

I have thoroughly reviewed the attached agreement or contract and recommend entering this agreement as written. In addition, I can confirm that we do have available resources to fulfill all of the obligations contained in this agreement or contract, and it is within the mission of this department or area of responsibility. This agreement or contract will produce benefits to TTUHSC and I feel it is a proper activity to enter into.

- E. DEPT CHAIR/ASSOC.CHAIR _____ DATE _____
- F. ASST/ASSOC DEAN/VP _____ DATE _____
- G. DEAN _____ DATE _____
- H. ACCOUNT MANAGER _____ DATE _____

REVIEW AND APPROVAL SIGNATURES

- I. AVP PHYSICAL PLANT* _____ DATE _____
(*required for space lease only)
- J. HSC PURCHASING OFFICE _____ DATE _____
- K. EXECUTIVE VICE PRESIDENT _____ DATE _____
- L. PRESIDENT _____ DATE _____
- M. GENERAL COUNSEL _____ DATE _____