

UNIVERSITY OF LA VERNE
CONTRACT REVIEW REQUEST FORM

DATE: _____

FROM: _____

DEPARTMENT: _____

CONTACT INFO: _____

RESPONSIBLE UMC MEMBER: _____

NAME OF DOCUMENT: _____

DESCRIPTION: _____

PEC APPROVAL

By signing below, I certify that I approve of the business terms reflected in the attached document.

Signature: _____ DATE: _____

FOR RISK MANAGEMENT USE ONLY

REVIEWED BY: _____ DATE: _____

☐ Insurance

☐ Indemnification

☐ Approved

☐ Approved

☐ Not Approved

☐ Not Approved

☐ Not Applicable

☐ Not Applicable

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REVIEWED BY: Juanda L. Daniel, General Counsel

☐ Approved on: _____ ☐ Not Approved for the reasons below (date): _____

NOTE: If instructed to correct and/or clarify before approval, please resubmit this original request form along with the revised documents after correcting and/or clarifying for second review.

The attached document was not approved for the following reasons: