

Kutztown University
Outline Agreement Request Form
New / Renewal (circle one)

Department(s): _____ Cost Center: _____

Requested by: _____ Current Contract Amount: \$ _____

Previous or Current Year OA #: _____

Effective Date: _____ Expiration Date: _____

Dollar Amount needed for one (1) year: \$ _____
(Note: No funds are encumbered on an OA)

Vendor Information (Name/Address/Contact Person/Phone/Fax/Email):

Name: _____ Contact Person: _____

Street: _____ City: _____ State/Zip Code: _____

Email: _____ Phone#: _____ Fax#: _____

Vendor Terms & Conditions (must be attached if applicable): YES _____ NO _____

Statement of Work:

Justification (for non-encumbered service contract):

Dean/Director: _____
(Signature & Title)

Date: _____

Signature of Person Requesting Services: _____