BUSINESS CONTRACT APPROVAL CHECKLIST
PURCHASING/BUSINESS CONTRACTS
MAIL CODE 0914

Instructions: Please complete all information and attach all original documents. Incomplete checklists/attachments will be returned.

UCSD Requestor: ________________________________ Mail Code:_____________ Phone:_____________ E-mail: _____________

Name of Faculty in Charge: ______________________________________________________________________________________

Department:__________________________________ Fund/Organization:____________________________ Index #:_____________

Outside Entity/Individual: _________________________________________________ Date issued: ___________________________

Purchase Order/ Agmt. Reference No.: ________________ Amount: _____________ Period of Performance: _________ to _________

Brief Description of goods/services to be provided:

___________________________________________________________________________________________________________

1. Buyer Indicator Source: Buyer Indicator Source#______________
   1 = 100% non-Federal Funding (e.g., agreement is to sell goods/services paid by a foreign, state or private source)
   2 = Partial or total direct Federal Funding
   3 = 100% Federal Flow-through Funding (e.g., agreement is to sell goods/services paid 100% by Federal Funds, although allocated by a foreign, state or private source)
   If code is #2 or #3 above, identify federal agency and award number:

   YES NO

2. Is the work primarily for University research, academic, scholarly or educational purposes?   ____ ____________

3. Are there other contractual or performance obligations beyond delivery of goods and/or services?  ____ ____________

4. Do satisfactory facilities for such services exist elsewhere (as provided in University Regulation #4)?  ____ ____________

5. Is sales tax applicable?          ____ ____________
   If no, state reason:_______________________________________________________________
   (e.g., agreement for services only, not goods; goods will be delivered outside California; purchaser has provided a valid resale certificate; agreement includes the term for resale and purchaser’s CA seller’s permit number.)

6. Direct Costs
   a. Have the rates charged been approved by the UCSD Recharge Rate Review Committee?   ____ ____________
   b. Are like goods and/or services sold to other customers based on the same prices or pricing methodology? ____ ____________

7. Overhead Costs
   a. If rates charged are not approved by Recharge Rate Review Committee (#6.a., above), does the amount awarded include overhead costs (PPM 300.40 & PPM 150.14)?    ____  ____________
   b. If the award does not include overhead costs, has a waiver of overhead cost recovery been approved? ____ ____________

   Note: The requesting department is responsible for payment of all applicable overhead costs unless approval is obtained to reduce or waive overhead cost recovery. Acceptance of this agreement may be delayed pending required review and approval of recharge rates and/or overhead costs exceptions.

8. Conflict of Interest Disclosure Form 700-U is:   ____ not attached since the value of the agreement is less than $1,000 or the Company is on the exempt list.
   ____ is attached.
   I request that this order be accepted on behalf of UCSD, and I accept responsibility for administering the agreement. I acknowledge that no post-acceptance administration or compliance monitoring will be performed by Purchasing/Business Contracts, General Accounting, or OPAFS.

Signature of Department Chair or Designee   Title     Date

Official Use:
Accepted by Business Contracts as an agreement for sale of goods/services

Signature Date

Accepted by General Accounting

Signature Date