

## **REQUEST FOR CONTRACT PROCESSING**

Please fill out all information below and attach this cover sheet to the Contract or Independent Contractor Documentation Form (where applicable) and email to: musharedservices@missouri.edu

Contact Info: Name	Phone:
MoCode(s):	Amount:
Contract Begin Date:	Contract End Date:
Purpose of Contract:	
Comments:	
Other Party:	
Manager Signature, if applicable: (or email approval attached)	
Return signed agreement to:	
Name:	
Email:	
Grant funded contracts identify:	
Who is the PI?	
Project #:	