



# University Shared Services

## 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](mailto: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 #:**