



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

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 #: