

Contract/Lease Signing Authority
(Non Research Contracts only - Excluding Research)

Contract Manager to complete		
Contract/Agreement/Lease Title:		
Other party/ies:		
Contract Start Date:	Contract End Date:	Renewal Date:
Contract Value: \$ _____ Contract Risk Status: <input type="checkbox"/> Low Risk <input type="checkbox"/> High Risk		
Budget Year:	Currency:	Budgeted \$
<input type="checkbox"/> NR Income	<input type="checkbox"/> NR Expenditure	<input type="checkbox"/> NR Not Applicable
Massey Template used <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal opinion received <input type="checkbox"/> Yes - Attach certificate <input type="checkbox"/> No	Tenders Board approval <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No <input type="checkbox"/> N/a

CONTRACT MANAGER SIGN OFF	
I certify this contract is in order to be signed and that arrangements are in place for the University's obligations and commitments under the contract to be managed.	
Name:	Signature:
Title:	Date:

Pre Signatory Reviewers – As per Section 2 Contract Delegations, Delegations of Authority Document	
I certify this is in order to be signed in accordance with Massey University policies and procedures	
Name:	Signature:
Title:	Date:
Name:	Signature:
Title:	Date:

Contract Signatory – As per Section 2 Contract Delegations, Delegations of Authority Document	
Name:	Signature:
Title:	Date:

Name:	Signature:
Title:	Date:

Comments:

CMS Contract Number:

Administration cover sheet
(Non Research Contracts only - Excluding Research)

Contract Manager/Administrator to complete	
Your Name:	
Department/Institute/School:	
<u>Checklist</u>	
CMS contract record created:	<input type="checkbox"/> Yes <input type="checkbox"/> No
CMS Contract Number:	<input style="width: 150px; height: 20px;" type="text"/>
Contract scanned to DMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contract signed:	<input type="checkbox"/> Yes <input type="checkbox"/> No (Give reason) <input type="checkbox"/> Partial (Give reason) Reason:
Contract attached:	<input type="checkbox"/> Original <input type="checkbox"/> Copy (Give reason) <input type="checkbox"/> Partial original (Give reason) Reason:

SEND SIGNED ORIGINAL CONTRACTS TO:
<p>1. Attach this form to your original contract and send by internal mail to:</p> <p align="center">Risk Management Office, PN 124</p> <p>2. Email name of contract to riskmanagement@massey.ac.nz to advise contract is on its way</p> <p>3. Any questions, contact riskmanagement@massey.ac.nz</p>

(1) Risk Management Office to complete	(2) Records Management Unit to complete
<ul style="list-style-type: none"> <input type="checkbox"/> Check contract received is in order <input type="checkbox"/> Check CMS record created & complete <input type="checkbox"/> Check contract in DMS, matches physical contract & linked to CMS <input type="checkbox"/> Apply file barcodes <input type="checkbox"/> Register in FileCM <input type="checkbox"/> Store contract in "Fire Proof Cabinet" 	<ul style="list-style-type: none"> <input type="checkbox"/> Contract received from Risk Management <input type="checkbox"/> Apply classification code _____ <input type="checkbox"/> Apply CodaPrint and file label <input type="checkbox"/> Update FileCM record <input type="checkbox"/> File packing and boxing up of files <input type="checkbox"/> Upload FileCM spreadsheet to the Safe Records <input type="checkbox"/> Box lodgement to offsite
<p>Office use only Remarks:</p>	<p>File Barcode:</p> <p>Box Barcode:</p>