PURCHASE REQUISITION # ____________________________
Board Item ____________________________
Board Date ____________________________

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
HSC PURCHASING OFFICE ROUTING SHEET

A. REQUESTING HSC DEPARTMENT: ____________________________
   CONTACT PERSON ____________________________ PHONE # ____________________________

B. STATEMENT OF NEED: ____________________________

C. DESIRED START DATE: ________________ END DATE: ________________

D. EXPENSE FUND # ____________________________

REVIEW AND RECOMMENDATION SIGNATURES

I have thoroughly reviewed the attached agreement or contract and recommend entering this
agreement as written. In addition, I can confirm that we do have available resources to fulfill all of the
obligations contained in this agreement or contract, and it is within the mission of this department or
area of responsibility. This agreement or contract will produce benefits to TTUHSC and I feel it is a
proper activity to enter into.

E. DEPT CHAIR/ASSOC.CHAIR ____________________________ DATE ________________
F. ASST/ASSOC DEAN/VP ____________________________ DATE ________________
G. DEAN ____________________________ DATE ________________
H. ACCOUNT MANAGER ____________________________ DATE ________________

REVIEW AND APPROVAL SIGNATURES

I. AVP PHYSICAL PLANT* ____________________________ DATE ________________
   (*required for space lease only)
J. HSC PURCHASING OFFICE ____________________________ DATE ________________
K. EXECUTIVE VICE PRESIDENT ____________________________ DATE ________________
L. PRESIDENT ____________________________ DATE ________________
M. GENERAL COUNSEL ____________________________ DATE ________________