

## FAO CONTRACT REQUEST CHECKLIST

---

### NEW OR EXISTING CONTRACT?

*Prior to entering the request, check iContracts to see if this is a new agreement or if it is an amendment to an existing agreement. Using the search tool in iContracts; search by Contract Name (the name of the legal entity). If there is an existing agreement that matches your description, make sure to write down the Contract ID and reference it in the description box of your contract request, continue the request like normal.*

New: \_\_\_\_\_ Existing: \_\_\_\_\_ Contract ID No.: \_\_\_\_\_

Contract Type: \_\_\_\_\_

---

### CONTRACTING PARTY INFORMATION

Legal Name	
DBA	
Address	
Phone	
Main Contact / Email	
Authorized Signor / Email	
Adobe Sign	Yes: _____ No: _____

---

### CONTRACT TERMS

Short Description of Services	
Effective Date	
Expiration Date	
Auto Renew	Yes: _____ No: _____
Associated Department	
Associated Physicians	
Associated Positions	
Duties of UCR	
Duties of Contracting Party	

---

### COMPENSATION TERMS

Who is obligated to pay	
Approved Rates	
FMV Analysis Completed	Yes: _____ No: _____
Invoice Deadline	
Additional Information / Comments	

---

### REQUESTER INFORMATION

FAO Name: \_\_\_\_\_ Email: \_\_\_\_\_

***\*\*Please upload this Checklist and the approved Pro Forma along with your Contract Request in iContracts\*\****