

REAL ESTATE Contract Approval/Routing Form (RE-CARF)

Site Address: _____ Unit Name: _____

Contact: _____
CFOAPAL: _____ E-Mail/Phone: _____

All fields in Sections 1 through 3 are required.

Attach 2 signed original contracts and additional required documents for final execution.

Section 1 - Contract

Contract Category: Payable No Funds Receivable New Contract Amendment # ___ # of Renewals: ___
Contract Type: Real Estate Contract SubType: _____ Document Source: _____
Brief Description: _____

Chart: 9 Org: 832000 1st Yr Amt: _____ Start Date: _____ End Date: _____ Health Care

Section 2 - Contracting Party

Name/Entity: _____ Contact: _____
 Lessor Lessee E-Mail: _____
Phone: _____ Address: _____

Street, City, State, Zip

Section 3 - Real Estate Office Information

Name: Office of Real Estate Services Contact: _____
506 S. Wright, Room 208, MC 321, Urbana, IL 61801 E-Mail: _____
Phone: 217 244-4483

Section 4 - Preliminary Approvals

The signatures below indicate approval of the contract at the amount specified.

Unit Head: _____	Printed Name	Signature	Date
Dean/Director: \$25,000 or More	Printed Name	Signature	Date
VP/Chanc./V.Chanc.: \$50,000 or More	Printed Name	Signature	Date

Section 5 - Final Approvals

University Counsel: _____	Printed Name	Signature	Date
Comptroller or Delegate: 109 Coble Hall	Printed Name	Signature	Date
University President: \$250,000 or More	Printed Name	Signature	Date

Real Estate and UCRO Only

Contract Originator: Required	Printed Name	Signature	Date
Dir. of Real Estate: Required	Printed Name	Signature	Date
Contract Records Office: 107 Coble Hall	Printed Name	Signature	Date

Contract #: _____ BOT Approval Date: _____ PPB Approval Date: _____

Bulletin Procurement #: _____ Procurement Method: _____ Rev. 10/29/12