

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

Site Address: \_\_\_\_\_ Unit Name: \_\_\_\_\_  
 \_\_\_\_\_ Unit Contact: \_\_\_\_\_  
 CFOAPAL: \_\_\_\_\_ E-Mail/Phone: \_\_\_\_\_  
 2nd CFOAPAL: \_\_\_\_\_ Payment Contact: \_\_\_\_\_  
 (when applicable)

## Section 1 - Contract

Contract Category:  Payable  No Funds  Receivable  New Contract  Amendment # \_\_\_ # of Renewals: \_\_\_  
 Original Contract Number \_\_\_\_\_

Contract Type: Real Estate Contract SubType: \_\_\_\_\_ Form Type: \_\_\_\_\_

Brief Description: \_\_\_\_\_

1st Yr Amt: \_\_\_\_\_ Total Contract Amt: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Health Care  Tenant Improvement Payment

## 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  
 506 S. Wright, Room 208, MC 321, Urbana, IL 61801  
 Phone: 217 244-4483

Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Section 4 - Preliminary Approvals

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

Unit Head: \_\_\_\_\_  
 \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director: \_\_\_\_\_  
 \$50,000 or More \_\_\_\_\_ Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

VP/Chanc./V.Chanc.: \_\_\_\_\_  
 \$150,000 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 \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
 \_\_\_\_\_ 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. 10/24/18