

APPROVAL OF SUBCONTRACT*

Prime Contracting Agency: _____

Prime Contract No.: _____

UT WBS Element No.: _____

UT Principal Investigator(s): _____

Legal Name of Subcontractor: _____

Address: _____

Individual's SSN: _____ or Employer ID No. (EIN): _____

Amount to be Paid: \$ _____ No Cost Time Extension

(Must be **no more than** that amount which has been obligated to the University in the prime contract.)

Period of Performance: _____ through _____

Each of the undersigned acknowledges his/her responsibility for both the prime award and for this subcontract. Further, each of the undersigned has reviewed and found the proposed budget or rate of consultant pay to be satisfactory, and therefore, each expressly approves the issuance of this subcontract.

Principal Investigator

Date

Department Head

Date

E-mail Address: _____

E-mail Address: _____

- Attach:
- Subcontractor's proposal or statement of work and budget
 - Source selection justification

* This term is used generically to include all types of agreements which the University may utilize to pay or reimburse an individual or other entity for effort under a sponsored activity.

	<u>Type</u>	<u>Date Due</u>
Report(s):	_____	_____
	_____	_____
	_____	_____
	_____	_____

State of Incorporation, if applicable: _____

	<u>Administrative</u>	<u>Technical</u>
Name of Person to Whom Notices Should be Sent:	_____	_____
Address:	_____	_____
	_____	_____
	_____	_____
Telephone No.:	_____	_____
Fax No.:	_____	_____
E-mail Address:	_____	_____

	<u>Items</u>	<u>Date Due</u>
Deliverables:	_____	_____
	_____	_____
	_____	_____
	_____	_____