



THE UNIVERSITY OF  
WINNIPEG

PURCHASING SERVICES  
(204) 786-9701 (204) 786-9175

## PURCHASE/CONTRACT AUTHORIZATION REQUEST

(CAR) CONTRACT AUTHORIZATION REQUEST FORM

<b>Purchaser/Contractor's Administrator Name:</b>		<b>Department:</b>
<b>Room #</b>	<b>Phone Number:</b>	

<b>Vendor/Contractor's Name and Address:</b>	<b>Other information</b>
	<b>Phone:</b>
	<b>Fax:</b>
	<b>GST #:</b>
	<b>SIN#:</b> (for Contractors)

*For Service Contracts/Independent Contractors, please complete below.*

Organizational Unit's Recommendation
<b>1) Summary of work to be performed</b>
<b>2) Why does the University need to have this work performed?</b>
<b>3) Why is the University not hiring an employee to perform this work?</b>
<b>4) Does the University have in-house expertise? If so, why are you proposing the University contract the work out?</b>
<b>5) Why are you suggesting this particular independent contractor over other suppliers?</b>

Organizational Unit's Approvals		
<i>I certify that sufficient monies have been allocated from my unit budget/grant to honour the University of Winnipeg's financial obligations under this agreement</i>		
<b>Amount</b>	<b>Account Number</b>	<b>Authorized Signing Authority Signature:</b>
<b>Amount</b>	<b>Account Number</b>	<b>Authorized Signing Authority Signature:</b>
\$		
<input type="checkbox"/> Lump Sum Payment OR <input type="checkbox"/> Progressive Payments (over 60 days)		
<b>Effective Date of Contract</b>		<b>End of Contract</b>
<b>Signature of Department Head:</b>		<b>Signature of Dean/Director:</b>
<i>I agree with the Organizational Unit's recommendations (as listed above) and acknowledge the financial obligations of the faculty/school/administrative unit</i>		

Department Consultations	
Was anyone else within the University consulted re: the contents of this agreement/purchase? What were their comments? (Please have them sign their approval below)	
<i>(Technology Service Centre, Printing Services, Marketing &amp; Communications, Facilities, Safety Office, Sustainability)</i>	
Authorized Signing Authority Signature:	Date:

Legal Counsel	
Additional Comments:	
Authorized Signing Authority Signature:	Date:

Research Accountant	
<i>Authorization of expenditure (where funds are provided by research funds)</i>	
Authorized Signing Authority Signature:	Date:

Human Resources	
<input type="checkbox"/> Employment <input type="checkbox"/> Independent Contractor	
Reasons:	
Authorized Signing Authority Signature:	Date:

Purchasing Services	
Quotes/Tenders? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date Tender/Quotes Required:
Recommendations/Comments:	
Authorized Signing Authority Signature:	Date:

Insurance	
Recommendations/Comments:	
Authorized Signing Authority Signature:	Date:

VP Finance and Administration	
<i>For contracts over \$5,000 over multiple budget years</i>	
Recommendations/Comments:	
Authorized Signing Authority Signature:	Date:

