Bloomsburg University Outline Agreement Request Form New / Renewal (circle one)

Department(s):	Cost Center:	
Requested by:	Current Contract Amount: \$	
Previous or Current Year OA #:		
Effective Date:	Expiration Date:	
Dollar Amount needed for one (1) year: \$(N	ote: No funds are encumbe	red on an OA)
Vendor Information (Name/Address/Contact Person/Phone/Fax/Email):		
Name:	Contact Person:	
Street:	City: 2	State/Zip Code:
Email:	Phone#:	Fax#:
Vendor Terms & Conditions (must be attached if applicable): YES NO		
Statement of Work:		
Justification (for non-encumbered service cont	ract):	
Dean/Director:		
(Signature & Title)		
Date:		
Signature of Person Requesting Services:		