

E-DOCS CONTRACT TRANSMITTAL FORM

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|-----------------------------|---|------------------------------|----------------------|
| BUSINESS UNIT ID | CONTRACT # | DEPARTMENT ID | SEQUENCE # |
| BUSINESS UNIT (NAME) | DEPARTMENT NAME | | DOCUMENT TYPE |
| DESCRIPTION | | | AUDIT TYPE |
| VENDOR ID | VENDOR NAME | | |
| TRANSACTION AMOUNT | BEGIN DATE (MM/DD/YYYY) | END DATE (MM/DD/YYYY) | |
| INTENDED ENCUMBRANCE | RENEWAL AMENDMENT BEGINNING (RAB) DATE (IF APPLICABLE) | | |

RELATED CONTRACTS

CRER ID # _____
Program Name _____

Re-submittal of Non-Approval
OSC Primary Contact _____ Contract # (if different) _____

Grants Procurement Record ID # _____
Program Name _____

Written Directive

Limited Funding Related ID # _____

SPECIAL CIRCUMSTANCES (check if applicable):

Federal Stimulus

Lapsing

Declared Emergency (Please Specify) _____

Other (Please Specify) _____

AGENCY CONTACT INFORMATION:

Preparer
Name _____ Phone # _____
Email _____

Contract Contact
Name _____ Phone # _____
Email _____

e-Docs Contract Transmittal Form Instructions

Complete Each Section By Providing The Following Information:

Contract Header Information Section

- Business Unit ID:** The State Financial System (SFS) Business Unit (5 characters).
- Contract #:** The contract number associated with transaction.
- Department ID:** The SFS Department ID (7 characters).
- Sequence #:** The Amendment Sequence Number (3 characters) of transaction as assigned within the SFS.
- Business Unit Name:** Name of Agency.
- Department Name:** Name of Department within the BU submitting the transaction.
- Document Type:** Choose appropriate document type.
- Description:** Description of transaction submitted.
- Audit Type:** GGA Audit Type is required for Grants Gateway transactions that require OSC prior approval.
- Vendor ID:** Appropriate SFS Vendor ID.
- Vendor Name:** Vendor Name associated with Vendor ID.
- Transaction Amount:** The amount of transaction/sequence #.
- Begin Date:** Start date (mm/dd/yyyy) of contract.
- End Date:** End date (mm/dd/yyyy) of contract.
- Intended Encumbrance:** Amount Agency intends to encumber for transaction (if applicable).
- Renewal Amendment Beginning Date (RAB):** Start date (mm/dd/yyyy) for renewal period of contract.

Related Transactions Box

Check the appropriate box from the list of related transactions:

- CRER ID #:** Contract was authorized pursuant to a CRER approval letter.
- CRER ID #:** CRER number from the CRER approval letter.
- Program Name:** Program name, if applicable.
- Re-Submittal of Non-Approval:** Contract is a resubmission of previously non-approved contract.
- OSC Primary Contact:** Name of auditor in the "OSC Primary Contact" field on the non-approval letter.
- Contract #:** Contract number of non-approved contract if different from the one listed in the "Contract #" field.
- Grants Procurement Record ID#:** Contract was authorized pursuant to a Grants Procurement Record Approval Letter.
- Grants Procurement Record ID:** Procurement number from the Grants Procurement Record Approval Letter
- Program Name:** Program name from the Grants Procurement Record Approval Letter.
- Written Directive:** Transaction is a Written Directive.
- Limited Funding:** Limited Funding Request for this transaction was previously approved.
- Related ID #:** Grants Procurement Record ID number if the Limited Funding Request was approved.

Special Circumstances Section

Check appropriate box(s) if the following circumstance(s) is (are) applicable to transaction:

- Federal Stimulus:** Federal Stimulus funds are to be used for this contract/transaction.
- Lapsing:** Lapsing funds are intended to be encumbered for this transaction.
- Declared Emergency:** Contract/transaction is related to a declared emergency.
- Other (Please Specify):** Description of special circumstance associated with this contract transaction, not previously documented above.

Agency Contact Information Section

- Preparer Name/Phone#/E-mail:** Name and contact information of person who prepared form.
- Contract Contact Name/Phone #/E-mail:** Name and contact information of person with knowledge of contract/transaction that may be of assistance to OSC staff, if necessary.