

**ENHANCED CONTRACT MONITORING FORM**

|                              |                       |
|------------------------------|-----------------------|
| VENDOR NAME _____            | VENDOR CONTACT _____  |
| VENDOR PHONE _____           | E-MAIL _____          |
| CONTRACT TERM _____          | RENEWAL OPTION _____  |
| CONTRACTING DEPARTMENT _____ | PROJECT MANAGER _____ |
| PURCHASE ORDER _____         | P.O. VALUE _____      |

**CONTRACT DESCRIPTION:**

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| Category                           | Section | Description/Requirement   | Date Due | Date Completed | Response |
|------------------------------------|---------|---------------------------|----------|----------------|----------|
| <b>Insurance Requirements</b>      |         |                           |          |                |          |
| <b>Scope of Work / Milestones</b>  |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
| <b>Payment Terms / Commissions</b> |         | Payments terms are Net 30 |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
| <b>Meetings / Reporting</b>        |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
| <b>Vendor Performance</b>          |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |
|                                    |         |                           |          |                |          |

I hereby certify that the information above has been verified as denoted.

**Department Review**

**Contract Office Review**

Administrator \_\_\_\_\_

Date Verified \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*COPY TO CONTRACTS OFFICE QUARTERLY: April 10, June 15, September 15, December 15