



DOANE

Contract Cover Sheet

Name of Vendor: _____

Contract/Product: _____

Term Period: _____

Description of Product/Service Provided:

Associated Costs (Indicate Monthly/Annual Cost & Total Cost):

Annual Revenue Generated (If Applicable):

Does the Contract result in revenue for Doane? If so, please provide the Cost Center these funds will be applied towards below.

Contract Manager Signature: _____

Vice President Signature: _____

*If Technology Related - CIO Approval _____

**If Technology Related, HECVAT Attached? Y OR N

Date: _____