



CONTRACT REVIEW & APPROVAL REQUEST COVER SHEET

Requesting Department: _____

Responsible Party: _____

Date Initiated: _____ Date Needed By: _____

Contract/Vendor Name: _____

Contract Purpose: _____

Financial Obligation: _____

Term Start: _____ Term End: _____ Cost Center: _____

ASC Payment Required: _____ ASC Gets Paid: _____

Will this require a Budget Variance: Yes: _____ No: _____

Is this Agreement a renewal or addendum: Yes: _____ No: _____ If yes attach original.

Complete top part of this form and email with draft agreement, original agreement and any additional supporting information to: contractreview@aspensnowmass.com

OR

For any contracts involving IT email to: contractreviewIT@aspensnowmass.com

Once Fully Approved and Executed it is MANDATORY your contract is copied to:

Finance – pbrown@aspensnowmass.com

Legal – rwhite@aspensnowmass.com

[ASC Contract Review and Approval Policy](#)