



# SALES AND SERVICE TRANSMITTAL SHEET

Submit by email to CRS requestor, or to [crs-ord@email.arizona.edu](mailto:crs-ord@email.arizona.edu)

CRSP LOG # \_\_\_\_\_

THE UNIVERSITY OF ARIZONA

**Include a detailed budget and scope of work with the form. CRS will determine the agreement type after review of the scope of work and budget.**

<b>Administering Department Name</b>	<b>Administering Department Unit No.</b>	<b>Administering Department Phone</b>
<b>Name of Department PI/Responsible Person</b>	<b>Email</b>	<b>Phone</b>
<b>Department Business Manager/Contact</b>	<b>Email</b>	<b>Phone</b>
<b>Customer/Client Company Name</b>	<b>Customer/Client Contact Name</b>	<b>Customer/Client Email</b>
<b>Customer/Client Mailing Address</b>		<b>Customer/Client Phone</b>

**Estimated Value of Agreement:** \$ \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

**Income Deposited into Account No.:** \_\_\_\_\_

**By providing this product or service are you in direct competition with private enterprise?**  Yes  No

*(If yes, why are you offering this product/service?)*

**Activity Frequency (Select one):**  One-time  On-going

**Is there student involvement in the activity? (Select one):**  Yes  No

**Are Federal or Sub-Federal funds involved? (Select one):**  Yes  No

**Does the budget include the UA's Admin Services Fee? (Select one):**  Yes  No (If no, please attach explanation)

**Does the proposed activity include any of the following? (If yes, please provide appropriate documentation):**

Human Subjects/HIPPA/FERPA<sup>†</sup>  Yes  No    Vertebrate Animal Subjects<sup>†</sup>  Yes  No    Export Control<sup>†</sup>  Yes  No  
Intellectual Property  Yes  No

## CERTIFICATIONS

By signing this Transmittal Sheet, Responsible Person, Department Head, and Dean/VP certify that:

- The information presented on this Transmittal Sheet is true, complete, and accurate to the best of your knowledge. Any false, fictitious, or fraudulent statements or claims may subject you to criminal, civil, or administrative penalties.
- The activity is in conformance with the University of Arizona Conflict of Interest policy, and all appropriate activity personnel have disclosed any outside interests to the COI Office.
- The department shall assume full responsibility for the performance and fiscal oversight of the activity.

## DEPARTMENT APPROVALS

<b>Responsible Person Signature</b>	<b>Department Head Signature</b>	<b>Dean/VP Signature</b>
<b>Printed Name &amp; Title:</b>	<b>Printed Name &amp; Title:</b>	<b>Printed Name &amp; Title:</b>

**Budget Attached?**  **Scope of Work Attached?**  **UBIT Questionnaire Attached?**

<sup>†</sup> No activity allowed without approval of protocol and/or registration and training. Rev. 04/16