



SALES AND SERVICE TRANSMITTAL SHEET

Submit by email to CRS requestor, or to 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.

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

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[†] Yes No Vertebrate Animal Subjects[†] Yes No Export Control[†] 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

Responsible Person Signature	Department Head Signature	Dean/VP Signature
Printed Name & Title:	Printed Name & Title:	Printed Name & Title:

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

[†] No activity allowed without approval of protocol and/or registration and training. Rev. 07/15