

Financial Contract Routing Sheet

Contract Terms

Name of Parties: _____

Purpose of Contract: _____

Term: Start Date: _____ End Date: _____

A) Total Amount Due To: WVU Other _____

In the Amount of:

\$

B) Annual Financial Impact

Estimated Annual Revenues:

\$

Estimated Annual Expenses:

\$

Total Contribution to Margin (Net):

\$

Attach Financial Model/Business Plan, if available. (If negative impact, please explain in comments/notes section below.)

Please provide: DA#: _____ Fund#: _____

OR;

Project#: _____

Budgeted?: Yes No

Financial Approval: _____ Date: _____

Additional Comments (use back if needed):

Person completing the form:

Name: _____ Email Address: _____ Phone: _____

Division/Department/School: _____ Today's Date: _____