



# Internal Routing Page

Account Number

Fund Number

*The following departments have reviewed the Agreement:*

**1. Winston-Salem State University Dean (Academic) /Department Head (Administrative)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**2. Winston-Salem State University Vice-Chancellor**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**3. Winston-Salem State University Information Technology (If Applicable)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**4. Winston-Salem State University Integrated Marketing Communication (If Applicable)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**5. Winston-Salem State University Purchasing Department**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**6. Winston-Salem State University Controller (If Applicable)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**7. Winston-Salem State University Office of Legal Affairs (Approved as to Form)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Business Justification**