



TEXAS SOUTHERN UNIVERSITY  
CONTRACT CLOSE OUT FORM

Please complete the following form and submit to the Office of General Counsel in Hannah Hall, Room 310. **TYPE / PRINT ALL RESPONSES LEGIBLY.**

<b>Contract Originator &amp; Title:</b>			
College/Dept.:		E-mail:	Extension:

<b>Contract Compliance</b>			
1. Were all the monies expended for this contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
a. If no, what amount is unspent:		\$	
2 Contractor/Vendor Performance:			
a. Overall Performance:	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
b. Commodity Delivery:	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
c. Commodity Performance:	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
d. Service Delivery:	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
e. Service Performance:	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
f. Hub Participation:	<input type="checkbox"/> N/A	<input type="checkbox"/> Exceeded	<input type="checkbox"/> Met <input type="checkbox"/> Unsatisfactory
Contract Number:	K-		
Contractor/Vendor:			
Contract Amount:	\$		
Contract Effective Date:		Termination Date:	

\_\_\_\_\_  
Contract Originator

\_\_\_\_\_  
Date

**Note: Modification of this Form requires approval by the Office General Counsel.**