***Instructions: this checklist must be completed and accompany the agreement for approval (all sections to be completed, the approval level are as per Delegation Manual Section).***

***NOTE for AUTHORISERS:***

*If you have delegated authority for the 12month agreement amount of* ***$XXX***  *please add your authorization to this document and front page of agreement for execution. If you do not have delegated authority for this amount, please endorse this document and send to the next position listed below*

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| ***Description of Obligations & Significant factors for Management to be aware of.*** | |
| *Agreement Amount (excl. GST)* |  |
| *Term of Agreement (Agreements are limited to a 1 year duration)* | Funded from - to:  Successive Duration is 1 x year/s.  Renewal terms (optional):  *For extensions or renewals for further periods a dedicated agreement for that extended period must completed and be signed.* |
| *RFA or account Balance* |  |

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| **1. Agreement preparation** |
| **I confirm that this agreement has been completed on the template provided and advised by IACG.**  Requestor (person who completed the document) Name:  Signature: Date:  Principal Requestor (person who is responsible for the completion) Name:  Signature: Date: |
| **2. Management accountant review** |
| **I have reviewed and assessed the financial implications of this agreement (including the**  **% oncosts incorporated into the agreement).**  *Comments:*  Management Accountant  Unit: Name: Signature: Date: Senior Management Accountant  Name: Signature: Date: |

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| **3. Line/Service Manager review** |
| **I have reviewed and assessed the contractual obligations of this agreement, I confirm that they are acceptable to the unit.**  *Comments:*  Line/Service Manager  Name: Signature: Date: |
| **4. Recommended for Approval** |
| Approved by; General Manager    *Comments:*  Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5. Recommended for Approval** |
| Approved by; ELT Member  *Comments:*    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. Recommended for Approval** |
| Approved by; C.E.  Name: Signature: Date: |