

Real Estate Lease Approval

Date:		Campus:		Lease Type: Payable Receivable			
Department Co	ntact (Ent	er departmen	t contact who should recei	ve email notifications for	upcoming expir	ation dates, re	enewal options, etc.)
First Name				Last Name			
Email				Phone			
Leased Property	Address	5					
Street							
City		State		Zip		County	
Asset Information	ON (Required	d for Receivab	le Leases Only)				
Building Name				Asset ID			
Supplier/Custor		mation					
Lessor/Lessee Name				Supplier/Customer ID (Enter "NONE" if new ID needs to be setup)			
Payment/Invoid	ing Addr	ess					
Street							
City	ty			Zip		County	
Address Seq #		Location (example S	TANDARD OR ACH001))01)			
Lease Details							
Commencement Date		Expiration Date			Term (Months)		
# of Renewal Options				Duration of Each Renewal Option			
Annual \$ Amount				Total Contract \$ Amount			
Accounting							
MoCode	Fund Code		Department Code	Class Field	Program	n Code	Project Code
Reasonably Certain Renewal Option(s) (Required for Payable Leases Only)							
If the lease contains	renewal o	ptions, ho	w many (if any) renew	wals will be taken?	of the 3 options	will be taken,	enter "1"
Business Reason	n/Comm	ents/Spe	cial Handling				
Approved By:							
Fiscal Officer				Dean/Department			
Printed Name:				Printed Name			
Chancellor/Vice Chancellor							
Printed Name:							

Completed form to be returned to Campus Real Estate Coordinator