

EXHIBIT I

(Use form if payments are \$4,999.99 or less with multiple payments or anytime the cost is \$5,000 or greater)

**MEDICAL COLLEGE OF GEORGIA
CHECK LIST FOR ALL SERVICES/MAJOR PURCHASES**

Complete Vendor Name: _____

Project Name: _____

Scope of Service (Detailed list of deliverables):

Item #	Description	Completion Hrs/Dys/Mos	Special Comments

(May use separate sheet but same format)

Will this Provider be performing a function on our behalf that involves the use or disclosure of protected health information?	Yes	No
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Est Start Date: _____ Est End Date: _____ Est Total Time Required for Project: _____

Payment Terms:

25% - \$	25% - \$	25% - \$	25% - \$
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Alternate Payment Terms:

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Total Project Cost: _____

Est Expenses:

Meals	Lodging	Travel

Total Expenses: \$0.00 _____

Sources Reviewed:

Vendor Name	Address	City, State, Zip	Phone Number

MCG Project/Technical Person (Dept) _____

MCG Payment Approval Person(Dept): _____

Purchasing Approval Person: _____