

Hospital Vendor Contract Summary Sheet

- 1.** **Existing Vendor** **New Vendor**
- 2.** **Name of Contract:**
- 3.** **Contract Parties:**
- 4.** **Contract Type Services:**
- 5.** **Impacted Hospital Departments:**
- 6.** **Contract Summary:**
- 7.** **Cost:** **N/A**
- 8.** **Prior Cost:** **N/A**
- 9.** **Term:**
- 10.** **Termination Clause:**
- 11.** **Other:**