

## 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:**