## **ATTACHMENT B**

## OREGON DI

## OREGON DEPARTMENT OF CORRECTIONS

## **CONTRACT ADMINISTRATOR RESPONSIBILITIES FORM**

Name:			
Contract Number:			
Contractor:			
You have been named Agreement.	the Contract Administrato	or for the above me	entioned Contract or
you to discharge approp Policy 30.3.3 - Contract to to someone else. If of	or, you have certain duties ar riately and in accordance wit Administration, regardless o lelegating, you must monit performance and fulfilling D	th Oregon Department f whether you delegat tor and ensure that	t of Corrections (DOC) te any of these duties your delegate(s) are
of department funds.	to appropriately administer Negligent or fraudulent exp ary action, up to and includir	enditures may result	in personal financial
,	nt, you are agreeing that young and able to perfectly of the perfectly of the confliction	•	·
Signature		Date	

Please sign and date this document and return a copy to the Contracts Unit.