

RASR CONTRACT TIP SHEET

My RASR Form Submissions	
New Forms:	1
Submitted:	0
Returned:	0
Completed:	0

Welcome to RASR

School of Medicine UNC-Chapel Hill

Search below for a RASR form that can help you.

i.e. 'Request', 'Advance', 'P-Card', etc

School of Medicine

Routed Submissions by Role	
Processor:	216
Approver:	119
Research Pre-Award:	2
Finance:	10
OPSCA Approval:	2
Approver Level 2:	4
FP Finance:	0
Dept Contract Approval:	0
Contract Processor:	0

Available Forms

- Consultants
 - Independent Contractor Request
- Deposits
 - Deposit
- Employee Reimbursements/Invoice Payments
 - Employee/Vendor Reimbursements/Invoice Payments
- External Contracts
 - OPSCA - Expert Witness Contract Request Form (CRF)
- FP Clinical Contracts - External Contracts
 - **UNC FP Clinical Contracts**
 - UNC FP Clinical Contracts -Invoice/ Billing
- Global Business Unit
 - Global Business Unit Request to purchase
 - Global Business Unit/UNC Chapel Hill Reconciliation
- Other Financial Request
 - Backup Documentation (ie Student Stores, parking, etc)
 - Budget Transfer
 - Journal Entry
 - PAAT ONLY - Benefit or Negative Amount Adjustment
 - PAAT ONLY - Wages Funding/Salary Retroactive Change
 - Salary Distribution Change/Funding Swap ONLY
- P-Card
 - Submit a P-Card Purchase Receipt

Navigate to [RASR](#)
 Click link for clinical contracts

UNC FP Clinical Contracts			
My Form Name	1	RASR ID	2
Form	UNC FP Clinical Contracts/Financial	Form Status	New
Creation Date		Submission Date	
Instructions	<p>To submit a contract that has been review and approved by OPSCA, please complete this form.</p> <p>* Ensure that the submission contains the entire contract, including exhibits and attachments.</p>		
Notes	<p>Note Note Type Created Last Modified +</p>		
DEPARTMENT INFORMATION			
Submitting Department *	3		
Submitter Name *	4		
Dept. Contact/Contract Administrator	5		
Faculty PID	6		

1. Form Name
 Format is "Contract # - Name of Contract/Type - Last Name of Provider in Contract, First Name"
 ◦ 1264 - UNCHCS Med Director - Caulfield, Chris
 ◦ 1410 - DPS (not performed by 1 provider so left off form name)
 ◦ 1289 - Rockingham Professional Services - Assar, Soheil

2. RASR ID
 Auto-generated number. You will use this to connect the invoice form to the contract itself

3. Submitting Department
 Division in department where the contract is deposited or is expensed from

4. Submitter Name
 Name of person submitting form. Should be someone who can answer questions about invoicing

5. Department Contact/Contract Administrator
 Division Admin or ACA. Should be someone who can answer questions about the contract itself or contract negotiations

6. Faculty PID
 Add PID of personnel doing work on this contract. Can only be 1 PID. Not a required field so it can be left blank

EXTERNAL ORGANIZATION INFORMATION

Name of Counterparty * 7

Manually enter name if it not listed on the drop-down menu.

Counterparty Contact Information: (Name) * 8

Finance/Operations Contact Name 9

Counterparty Address 10

Counterparty Email * 11

7. Name of Counterparty
This auto completes with many/most external organizations.
o If a hospital contract, Counterparty is "21858-UNC Hospitals"

8. Counterparty Contact Information (Name):
Name of person who the contract invoices are sent to.
o If a hospital contract, Contact is "UNCH Contract Accountant"

9. Finance/Operation Contact Name
Name of finance/operations contact who was involved in negotiations of contract
If a hospital contract, usually VP on hospital side

10. Counterparty Address
If a hospital contract, Address is "5221 Paramount Pkwy Ste 230 Morrisville, NC 27560"

11. Counterparty Email
If a hospital contract, email is unchoContractAccount@unchealth.unc.edu

CONTRACT INFORMATION

Are you submitting a contract for review and signature or do you need a contract to be drafted?

I am submitting a contract or template that HAS BEEN approved by OUC.

I am submitting a contract that has been submitted to Office of University Counsel for review but APPROVAL IS PENDING.

I am submitting a contract that HAS NOT BEEN submitted to or approved by Office of University Counsel.

I don't have a draft contract. I need OPSCA to assisting with drafting a contract.

Is this contract with UNC Hospitals?

Yes

No

Hospital Contract ID (if known)

Is this a new agreement?

Yes

No

FINANCIAL

Billing Details (Check all that Apply):

Monthly

Monthly no Invoice

Quarterly

Annually

Fixed Price

Flat Rate

Cost Reimbursement (based on cost)

Annual Reconciliation

Account Type

Accounts Receivable (Providing Items/Services)

Accounts Payable (Purchasing Items/Services)

No Funding

Estimated Annual Contract Compensation Total

\$

Estimate the total financial value of contract.

As a reminder, contracts for clinical services will be subject to a 5.5% fee levied by UNC Faculty Physicians. Please consider adding a 10% administrative fee to all services to cover overhead costs.

Payment Terms and Compensation Structure

Being as descriptive as possible, describe your expectation for compensation. You may indicate if an attached document already reflects an acceptable compensation structure.

Chartfield Columns: -

Business Unit	Department	Fund Code	Source	Account	Project ID	Program Code	Cost Code 1	Cost Code 2	Cost Code 3
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[Add new Chartfield Line](#) [Add Saved Chartfield Line](#)

12. Financial

Billing Details will be used to help create accruals each month. Ensure "Contract compensation total" is the total amount for the fiscal year. **DO NOTE INCLUDE COMMAS IN THIS FIELD.**

o Example: If there is a 9 month contract for \$100K. Add start date of 10/1 and contract compensation total is \$100K. If contract continues next year, start date would be 7/1 and contract compensation total is \$133K

Click "add new chartfield line" to add multiple lines to chartfield information

Notes and Instructions

Notes and Instructions

Include all relevant and applicable additional information.

13. Attachments
Choose the appropriate attachment type. This will be queried to see if we are performing work without a signed contract or cover sheet

14. Submit/Save
Form will not save or submit without required fields (*). Once you submit, you can still edit and start the approval process again much like Connect Carolina routing. Once submitted, it routes in the below fashion.

Attachments

Form Attachments Attachments associated with this submission 13 Add Attachment

File Name	Uploaded By	Upload Date	Type	Area	NOTE

* These questions are mandatory

14
Submit
Save

Contract routing:

These roles were initially defined by a large department so there may be some overlap in roles in smaller departments

Submitter -> Department Approver -> Contracts Processor -> Department Contracts Approver -> FP Finance Approver

Submitter: Not a defined role in RASR, but the individual who is actually submitting the initial contract. The contract committee would prefer this to be an Analyst/Finance role in the Department

Department Approver: A division Admin or other Administrative person in the Department/Division who is knowledgeable of the negotiations of the contract. May be the ACA

Contracts Processor: Central finance person in the Department who is knowledgeable of the invoicing/payment mechanisms of the contract. May be the same as the submitter.

Proposed: Route to OPSCA at this step to begin the AdobeSign process.

Department Contracts Approver: More senior central finance role. Likely the ACA

FP Finance Approver: Someone in central FP (most likely Suzanne)

Next Steps:

- Please send the name of the individual in each role by department to Suzanne (Suzanne_scott@med.unc.edu)
- All fully executed contracts or those where work is being done via signed Coversheet need to be loaded into RASR by the end of July. We will use RASR for July accruals so the accuracy of our financials is dependent upon the accuracy of the data loaded into RASR.