



Contracts Administration Department
Mail Slot 743
501-686-6444 (Main)

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REVENUE CONTRACT EXEMPTION REQUEST FORM

Name of Requester

Date of Request

Department/Service Line

Contracting Agency

Contract Number

Contract Term Dates

Indirect Cost Rate *ex: if 25%, enter "0.25"*

Rationale for Exemption

Official Use Only:

Verdict

Approved

Rejected

Comments

Official Signature

Date

Please return completed form to Contracts Administration Department via the SUBMIT button.