

CONTRACT ROUTING SHEET

Contract #: 358-C0111

Date Prepared: **Need Date:** PROCESSING DEPARTMENT: **CONTRACTOR:** Department: CAO/Proc. & Contracts Name: PKWARE Dept. Contact: Dustin Bailey Address: 9009 Springboro Pike Phone #: 5833 Miamisburg OH 45348 Department (888) 475-9273 Phone: Head Signature: **CONTRACTING DEPARTMENT:** Information Technologies Service Requested: Software license fee and maintenance for PKZIP MVS Base 2.51A Contract Term: Perpetual Contract Value: Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Approved: Disapproved: Date: a form previously approved by Counsel' 18/17 TOS W. O. Cally who will resultant with a to payment schedule **ASSIGNMENT** ATTORNEY_STATE DEPT./INDEX NO. 006100 PLEASE FORWARD TO RISK MANAGEMENT. THANKS! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreement Approved: 60 Disapproved: Date: 3/1/07 By: Approved: 👅 Disapproved: Date: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Disapproved: Approved: Date: By: Disapproved: Approved: By: _____ Date: