CONTRACT ROUTING SHEET

	10/9/15	Need Date: 10/12	
PROCESSING D	EPARTMENT:	CONTRACTOR:	
Department:	Auditor-Controller	Name: N/A	
Dept. Contact:	Joe Harn	Address:	
Phone #:	call keely ext 5421		
Department	e COL	Phone:	
Head Signature:	Fator for tam		
20172407140	OFFICE OFFICE	4 E 4 BH 0 C B	
	DEPARTMENT: CFD 2015		and issue band
Service Request Contract Term:	ed: Review Reso to Form an		
	Human Dagourges requireme	Contract Value: \$40,000	No:
Compliance with	Human Resources requireme ied by: Prior review – special	nts? Yes:	
Compliance veni	ied by. Phorteview - special	ized services. DOS approve	u.
COUNTY COUN	SEL: (Must approve all contra	acts and MOU's) /	121/2
Approved:	Disapproved:		_ By: 🔝 💆 💆
Approved:	Disapproved:	Date:	By:
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PLEASE FORWAR RISK MANAGEN Approved: Approved:	VAL: (Specify department(s)	KSI J's except boilerplate grant fu Date: Date:	ed by this contract).
PLEASE FORWAR RISK MANAGEN Approved: Approved: OTHER APPRO Departments:	MENT: (All contracts and MOUDISAPPROVED: Disapproved:Disapproved:	KSI J's except boilerplate grant for Date: Date: Date: Date:	unding agreements) By: By:

Rev. 12/2000 (GS-GVP)