REVIEW AND APPROVAL REQUESTED FOR:

Contract

Amendment

Resolution

Ordinance

Policy

Other

County Counsel REVIEW ROUTING SHEET

Date Prepared:			Need Date:		
PROCESSING DE	PARTMENT				
Department: Dept Contact: Phone: Dept. Signature:			Org Code: Funding Source:		
CONTRACT INFO	ORMATION				
CONTRACT #:			CONTRACT AMENDMENT #:		
Contract	ing Department: _				
Contract	or/Vendor Name:				
Contract Term:			Contract Value:	Contract Value:	
Note - HR & RIS	K review will take	place during Fe	enix Contract workflo	w - amendments see below.	
DESCRIPTION A	ND ADDITIONAL N	IOTES FOR CO			
COUNTY COUNS	EL				
COMMENTS	Disapproved	Date:			
HR APPROVA	with Human Resouverified by:	•	ents? Yes:	No:	
Approve Approve COMMENTS	ed Disapprov	ved Date: _			