

CONTRACT ROUTING SHEET

Date Prepared: 2/4/10

Need Date: 2/18/10

PROCESSING DEPARTMENT:

Department: Human Services

Dept. Contact: Amy Higdon

Phone #: x4836

Department

Head Signature: 
Daniel Nielson, Director

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Human Services

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: NA

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 3-12-10 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGEMENT: (All contracts, MOU's and boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 3/12/10 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE CONTACT AMY AT x4836 WHEN READY FOR PICKUP. THANKS!

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____