Resolution #	
Legistar #	

RESOLUTION ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DE	PARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:		Phone:	
		Org Code: Project # (if applicable):	
CONTRACTING I	NEDADTMENT:	Funding Source:	
Service Requeste			
Contract Term:		Contract Value:	
COUNTY COUNS Approved:	EL: (Must approve all cont Disapproved:	racts and MOU's) Date: By:	
Approved:	Disapproved:		_

HR APPROVAL: N/A - Resolution

RISK MANAGEMENT: N/A - Resolution

PLEASE EMAIL tom.meyer@edcgov.us ONCE COMPLETED. Thank you!