

Counsel please include this information in your billing description.

Contract #: 17-31164	Legistar #: 17-0730	P & C #:
Index Code: 307142	Lav Log #: 17-21507	Activity Code: 93527
Project Description: Contract Documents for Construction of Crack Seal, Joint Seal & Mark Runway, Taxiways, Aprons & T-Hangar Taxilanes; Change Runway End ID Project		

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: ~~CDS Department of Transportation~~  
 Division: Administration and Finance  
 Dept Contact: Sherrie Busby  
 Phone: x5984  
 Dept Head Signature: Sherrie Busby  
 Sherrie Busby  
 Administrative Services Officer

### CONTRACTOR:

Name: TBD  
 Address: TBD  
 TBD  
 TBD  
 Phone:

### CONTRACTING DEPT: CDA

Service Requested: **Review & Approve**

Contract Term: **30 Calendar Days**

Contract/Amendment Amount: **\$0.00**

Compliance with Human Resources Requirements: Yes:  No:

Compliance verified by: **Contract Notification Sent:**  **HR Response Received:**

Ok Per: Not Applicable - Public Works

### COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved:  Disapproved:  Date: 7/18/17 By: Bre Moebius  
 Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

*Approved subject to comments/edits in memo and on draft.*  
*Changes made 8/7/17*

**Please forward to Risk Management upon approval.**

### RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved:  Disapproved:  Date: 7-19-17 By: [Signature]  
 Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_