

CONTRACT ROUTING SHEET

Date Prepared: 12/5/2017

Need Date: 1/5/2018

PROCESSING DEPARTMENT:

Department: TTC

Dept. Contact: Beverly Savage

Phone #: X5823

Department

Head Signature: *Karen E. McKen for C.J.R.*

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review Ordinance revisions

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: _____ By: *RM*

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: N/A Disapproved: _____ Date: _____ By: _____

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

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

Departments: N/A

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

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

