Agreement #	
Legistar #	

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:		
PROCESSING DEF	ROCESSING DEPARTMENT: CONTRACTOR:		R:	
Department:		Name: Address:		
Department		Phone:		
		Org Code: Project #		
		Funding Source	e:	
CONTRACTING DE Service Requested: Description:				
		Contract Value:		
	L: (Must approve all cont			
	Disapproved:		By:	
Approved:		Date:	By:	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!