## CONTRACT ROUTING SHEET

## Date Prepared:

4 Hols

## PROCESSING DEPARTMENT:

Department:
Dept. Contact:
Phone \#:
Department
Head Signature:
CAO/Proc. \& Contracts Pam Carlone 5833
$\frac{T_{\text {Com }} \text { Pu Done }}{\text { Cor Bonnie H. Rich }}$

## Need Date:

## CONTRACTOR:

Name: Columbia Ultimate Bus. Sys.
Address: 4400 NE $77^{\text {th }}$ Ave., Ste. 100
Phone: 800-488-4420 98662


Yes:

CONTRACTING DEPARTMENT:
Treasurer/Tax Collector
Service Requested: CUBS Software License Maintenance \& Support Contract Term:

## Compliance with Human Resources requirements?

Compliance verified by:
Contract Value:

Date:
Date: $\qquad$ By: quote' Ken


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding aqeemients) Approved: Approved: Disapproved: $\qquad$ Disapproved: $\qquad$ Date: $\qquad$


## Nl 182006

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


