

Agreement # NA

# RESOLUTION ROUTING SHEET

*Lusk*

Date Prepared: 2/25/20

Need Date: ~~3/13/20~~ 5/27/2020

**PROCESSING DEPARTMENT:**

Department: DOT

Dept. Contact: Traci Stilwell

Phone: X7502

Department

Head Signature: *[Signature]*

**CONTRACTOR:**

Name: NA

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Org Code: 36001000

Project String: 36 Indirect

**CONTRACTING DEPARTMENT:** DOT

Service Requested: Review and Approve Resolution

Contract Term: NA Contract Value: NA

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

Approved: X Disapproved: \_\_\_\_\_ Date: 5-27-2020 By: *[Signature]*

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

*Approved w/ charges.*

HR APPROVAL: NA

RISK MANAGEMENT: NA

PLEASE CALL x\_7502\_\_\_\_\_ FOR PICK-UP...THANKS!