Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:		
PROCESSING DEPARTMENT: CON		CONTRACTOR:	NTRACTOR:	
Department: Dept. Contact: Phone: Department Head Signature:		Phone: Org Code: Project #		
CONTRACTING DEF	PARTMENT:	(if applicable): Funding Source:		
Description: Contract Term:		Contract Value:		
COUNTY COUNSEL Approved:	: (Must approve all cont Disapproved: Disapproved:	tracts and MOU's) 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!