

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: _____ Need Date: _____

PROCESSING DEPARTMENT

Department: _____	Org Code: _____
Dept Contact: _____	Funding Source: _____
Phone: _____	PL String: _____
Department _____	Legistar #: _____
Head Signature: _____	

CONTRACT INFORMATION

CONTRACT #: _____	CONTRACT AMENDMENT #: _____
Contracting Department: _____	
Contractor/Vendor Name: _____	
Contract Term: _____	Contract Value: _____

Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

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

COMMENTS