

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: _____

Dept. Signature: _____

Legistar #: _____

Title: _____

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 - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: _____

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved _____

Disapproved _____

Date: _____

By: _____

Approved _____

Disapproved _____

Date: _____

By: _____

COMMENTS

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

RISK APPROVAL

Approved _____

Disapproved _____

Date: _____

By: _____

Approved _____

Disapproved _____

Date: _____

By: _____

COMMENTS