## CONTRACT ROUTING SHEET

Date Prepared:	March 22, 2018	Need Date:	
PROCESSING DI	EPARTMENT:	CONTRACTOR:	
Department:	Library	Name:	
Dept. Contact:	Jeanne Amos	Address:	
Phone #:	X5546		
Department		Phone:	
Head Signature:	Jeany Francis		
CONTRACTING	/		
CONTRACTING			
	ed: Resolution Review	Contract Value	<b>*</b> 0.00
Contract Term: _r		Contract Value:	\$0.00
Compliance with Compliance verific	Human Resources requirements ed by:	? Yes:	No:
COUNTY COUNS	SEL: (Must approve all contracts	s and MOU's)	1.01 40
Approved:		_ Date:	By: AHIM Mann
Approved:	Disapproved:	_ Date:	_ By:
PLEASE FORWARI	O TO RISK MANAGEMENT. THANKS	!	
	IENT: (All contracts and MOU's		inding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
1237-2054			
OTHER APPROV	/AL: (Specify department(s) pa	rticipating or directly affecte	ed by this contract).
Departments:			
Approved:	Disapproved:	_ Date:	_ By:
Approved:	Disapproved:	_ Date:	_ By: