CONTRACT ROUTING SHEET

Date Prepared:	10/9/17	Need Date:	ASAP—BOS 11/7	117
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	Information Technologies David Russell/Mollie Purcell X5106	CONTRACTO Name: Address: Phone:	DR:	
CONTRACTING I	DEPARTMENT: N/A			
Service Requeste	d: Review IT Policy Edits—A	-22 County Website F	Policy	
Contract Term: _		Contract Value:	\$0.00	
Compliance with I	Human Resources requiremen ed by:	ts? Yes:	No:	
COUNTY COUNS Approved:	EL: (Must approve all contraction Disapproved: Disapproved:	cts and MOU's) Date:	7 By:	ps
See comi	nents.			
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Changes	morprided my	10/26/17		R AD
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RISK MANAGEM	TO RISK MANAGEMENT. THANK IENT: (All contracts and MOU	's except boilerplate g	rant funding agre	ements) p/
Approved:	Disapproved:	Date:	By:	1/0
Approved:	Disapproved:	Date:	By:	
OTHER APPROV	/AL: (Specify department(s) p		affected by this o	ontract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	

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PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature: CONTRACTING	Information Technologies David Russell/Mollie Purcell X5106	CONTRACTOR: Name: Address: Phone:	
	DEPARTMENT: N/A ed: Review IT Policy Edits—A-2	22 County Mahaita Dali	
Contract Term:	The view IT I biley Euris—A-2	Contract Value:	
Compliance with	Human Resources requirements ed by:	? Yes	\$0.00 No:
	SEL: (Must approve all contracts		
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	_ Date:	By:
PLEASE FORWARD RISK MANAGEM Approved: Approved:	TO RISK MANAGEMENT. THANKS! ENT: (All contracts and MOU's or a pois approved: Disapproved: Disapproved:	CAU MoULER except boilerplate grant Date: Date:	
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) part TUMAN KASCURCES Disapproved: Disapproved:	icipating or directly affect Date:	ted by this contract). By: By: By: