


# CONTRACT ROUTING SHEET

Date Prepared: 2/21/2023

Need Date: 3/2/2023

**PROCESSING DEPARTMENT:**

Department: DOT  
Dept. Contact: Ashley Johnson  
Phone: X4925  
Department  
Head Signature:   
Brian Mullens

**CONTRACTOR:**


Name: TBD  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 3600010

**CONTRACTING DEPARTMENT:** DOT – Maintenance

Service Requested: Review and Approve Contract Documents for 2023 DOT Maintenance Pavement Rehabilitation Projects - Contract No. 7495

Contract Term: 90 Working Days Contract Value: TBD

**COUNTY COUNSEL:** (must approve all contracts and MOU's)

Approved: X Disapproved: \_\_\_\_\_ Date: 2-28-2023 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**COUNSEL -- PLEASE FORWARD TO RISK MANAGEMENT -- THANKS!**

**HR APPROVAL: - N/A – PUBLIC WORKS CONTRACT**

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please Forward to Risk Management for Review and Approval of Insurance Requirements in Agreement Article 37 "Insurance"

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_